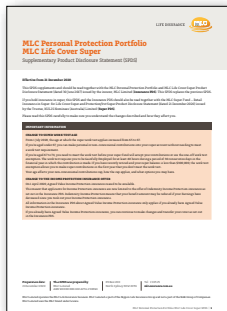


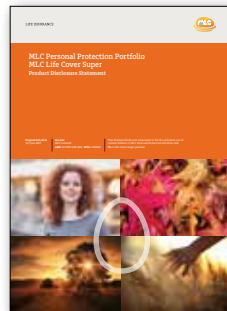
MLC Personal Protection Portfolio and MLC Life Cover Super

Your guide to what is included in the Insurance PDS and Super PDS for MLC Personal Protection Portfolio and MLC Life Cover Super.



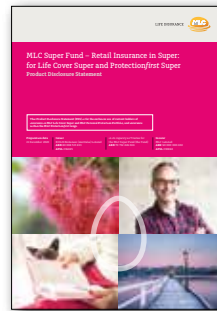
1. MLC Personal Protection Portfolio and MLC Life Cover Super Supplementary Product Disclosure Statement

Insurance SPDS, which contains information about changes to the super work test age and upgrades to the insurance features, terms and conditions.



2. MLC Personal Protection Portfolio and MLC Life Cover Super Product Disclosure Statement

Insurance PDS, which contains all the information about the insurance features, terms and conditions.



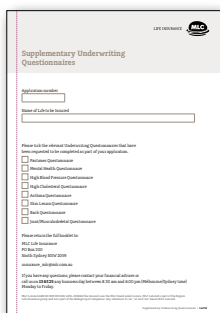
3. MLC Super Fund – Retail Insurance in Super: for Life Cover Super and Protectionfirst Super Product Disclosure Statement

Super PDS, which applies if you want to have insurance as part of your super arrangements.



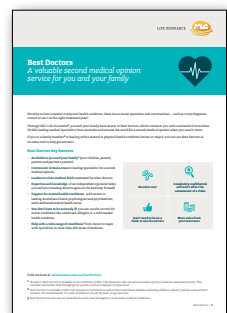
4. Application form

Application form when applying for MLC Personal Protection Portfolio and MLC Life Cover Super.



5. Supplementary Questionnaire

Additional underwriting questions you may need to answer depending on your answers in the application form.



6. Best Doctors®

Information about Best Doctors service, available to customers at no extra cost.

Note:

- If you are applying for insurance outside of super, please read the **Insurance SPDS** and the **Insurance PDS**.
- If you are applying for insurance through the MLC Super Fund, please read the **Insurance SPDS**, the **Insurance PDS** and the **Super PDS**.

Important Information

The **Insurance SPDS** and the **Insurance PDS** are issued by MLC Limited, the Insurer.

The **Super PDS** is issued by NULIS Nominees (Australia) Limited in its capacity as Trustee for the MLC Super Fund.



MLC Personal Protection Portfolio MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Effective from 21 December 2020

This SPDS supplements and should be read together with the MLC Personal Protection Portfolio and MLC Life Cover Super Product Disclosure Statement (dated 30 June 2017) issued by the insurer, MLC Limited (**Insurance PDS**). This SPDS replaces the previous SPDS.

If you hold insurance in super, this SPDS and the Insurance PDS should also be read together with the MLC Super Fund – Retail Insurance in Super: for Life Cover Super and Protection^{first} Super Product Disclosure Statement (dated 21 December 2020) issued by the Trustee, NULIS Nominees (Australia) Limited (**Super PDS**).

Please read this SPDS carefully to make sure you understand the changes described and how they affect you.

IMPORTANT INFORMATION

CHANGE TO SUPER WORK TEST AGE

From 1 July 2020, the age at which the super work test applies increased from 65 to 67.

If you're aged under 67, you can make personal or non-concessional contributions into your super account without needing to meet a work test requirement.

If you're aged 67 to 74, you need to meet the work test before your super fund will accept your contributions or use the one-off work test exemption. The work test requires you to be Gainfully Employed for at least 40 hours during a period of 30 consecutive days in the financial year in which the contribution is made. If you have recently retired and your super balance is less than \$300,000, the work test exemption allows you to make super contributions in the first year that you don't meet the work test.

Your age affects your non-concessional contributions cap, how the cap applies, and what options you may have.

CHANGE TO THE INCOME PROTECTION INSURANCE OFFER

On 1 April 2020, Agreed Value Income Protection insurance ceased to be available.

This meant that applicants for Income Protection insurance are now limited to the offer of Indemnity Income Protection insurance as set out in the Insurance PDS. Indemnity Income Protection means that your benefit amount may be reduced if your Earnings have decreased since you took out your Income Protection insurance.

All information in the Insurance PDS about Agreed Value Income Protection insurance only applies if you already have Agreed Value Income Protection insurance.

If you already have Agreed Value Income Protection insurance, you can continue to make changes and transfer your cover as set out in the Insurance PDS.

Preparation date:
21 December 2020

This SPDS was prepared by
MLC Limited
ABN 90 000 000 402 AFSL 230694

PO Box 200
North Sydney NSW 2059

Tel 13 65 25
mlcinsurance.com.au

MLC Limited operates the MLC Life Insurance business. MLC Limited is part of the Nippon Life Insurance Group and not a part of the NAB Group of Companies. MLC Limited uses the MLC brand under licence.

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Table of contents

The Table of Contents will help you to read this SPDS to see the changes that apply to each type of insurance impacted.

What is impacted?	What has been changed?	Change	New	See this page of SPDS
General terms				5
General terms	Contact number and contact hours	✓		5
	Making a claim	✓		5
	Payments to financial advisers	✓		5
	Paying your first premium	✓		5
	Inflation Linked Option	✓		5
	Government charges	✓		5
	Guarantee of upgrade	✓		5
	Insurance in super – continuing your policy past age 65	✓		6
	Protecting your super		✓	6
	Converting MLC Life Cover Super policies	✓		6
	Replacing your existing insurance	✓		7
	Tax treatment of insurance outside super	✓		7
	Resolving complaints	✓		8
	Glossary of common terms		✓	8
	• Injury			
Privacy Policy	✓		8	
• Contact us				

Table continues on next page

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

What is impacted?	What has been changed?	Change	New	See this page of SPDS
Life Cover insurance				9
Life Cover insurance	Conditions that apply to the Accidental Injury Benefit	✓		9
	Financial Planning Benefit	✓		9
	Terminal Illness Benefit	✓		9
	Terminal Illness Support insurance option			
	Terminal Illness			
Total and Permanent Disability (TPD) and Loss of Independence insurance				10
Total and Permanent Disability (TPD) and Loss of Independence insurance	Financial Planning Benefit	✓		10
	TPD – Any Occupation Definition	✓		10
	TPD – Own Occupation Definition	✓		10
Critical Illness insurance				11
All Critical Illness insurances	Financial Planning Benefit	✓		13
	When will MLC pay?		✓	11
Critical Illness Plus and Critical Illness Standard insurances (Extension only)	Important information about Critical Illness insurance	✓		11
	Critical Illness insurance – Benefits, Features and Options	✓		11
	<ul style="list-style-type: none"> • Option(s) <ul style="list-style-type: none"> – Any Occupation TPD and Partial Payment Benefit – Own Occupation TPD and Partial Payment Benefit 			
Critical Illness Plus insurance only	Critical Conditions	✓	✓	11
	Extra Benefits Option	✓	✓	12
	Child Support Benefit	✓		12
	Child Support Benefit	✓		12
	What conditions are covered?			
	Critical Illness Buy Back Option (Available with Critical Illness Plus insurance)	✓		13
	<ul style="list-style-type: none"> • When is cover restored? • What are the conditions (including exclusions)? 			
	Life Cover Buy Back Option	✓		13
	When is cover restored?			
	Coronary Artery Angioplasty	✓		13
	Coronary Artery Angioplasty – Triple Vessel	✓		14
	Deafness – permanent	✓		14
	Dementia or Alzheimer’s Disease – permanent and of specified severity	✓		14
Early Stage Benign Brain Tumour – of specified severity (partial benefit)			✓	14

Table continues on next page

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

What is impacted?	What has been changed?	Change	New	See this page of SPDS
Critical Illness insurance				11
Critical Illness Plus insurance only (continued)	Heart Valve Surgery – of specified severity	✓		14
	Intensive Care – requiring continuous mechanical ventilation for 5 days (partial benefit)		✓	15
	Intensive Care – requiring continuous mechanical ventilation for 10 days	✓		15
	Parkinson's Disease – of specified severity	✓		15
	Parkinson-Plus Syndrome		✓	15
	Specified complications of pregnancy (partial benefit)	✓		15
Income Protection insurance				16
All Income Protection insurances	Expiry age (insurance expires on the policy anniversary after reaching the age noted below)	✓		16
	3. Choice of Indemnity or Agreed Value	✓		16
	Income Protection insurance – Benefits, Features and Options	✓		16
	Conditions for monthly benefits over \$30,000	✓		16
	Style of benefit	✓		16
	Recurring Disability Benefit For Income Protection insurance	✓		17
	Conditions that apply to the Waiting Period conversion	✓		17
	Partial Disability and Rehabilitation	✓		18
Income Protection Plus insurance only	Accommodation Benefit	✓		16
	Double benefits for specified conditions	✓	✓	16
	Home Assistance	✓		17
	Child Support Income Benefit	✓		17
	What conditions are covered?			
	Occupational HIV, Hepatitis B or C Lump Sum Benefit (for certain occupations only under PPP Plus)	✓		17
Business Expenses insurance				18
Business Expenses insurance	Expiry age (insurance expires on the policy anniversary after reaching the age noted below)	✓		18
	Business Expenses settings you choose	✓		18
Premium Waiver insurance				18
Premium Waiver insurance	Premium Waiver – When will we waive your premium?	✓		18
	Premium Waiver – When will we waive your premium?	✓		18
	• Total and Permanent Disability terms			
	Premium Waiver – When will we waive your premium?	✓		19
	• Total Disability			

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

The changes made to the Insurance PDS are set out below.

General Terms

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Pages 1, 10, 29, 33, 35, 38, 39, 43, 97 and back cover	Contact number and contact hours	The contact telephone number of 132 652 for MLC Life Insurance is replaced with: 13 65 25 The contact hours of between 8am and 6pm for MLC Life Insurance are replaced with: between 8.30am and 6pm (Melbourne/Sydney time), Monday to Friday
Page 3 and Page 40	Making a claim	On Page 3 , the second paragraph in the section Making a claim is replaced with: If you or your beneficiaries need to make a claim, please call us on 1300 125 246 between 8.30am and 6pm (Melbourne/Sydney time), Monday to Friday, to find out what you or they need to do, and to get the relevant forms. On Page 40 , the first paragraph in the section 6. Making a claim is replaced with: If you need to make a claim, please call us on 1300 125 246 between 8.30am and 6pm (Melbourne/Sydney time), Monday to Friday, to find out what you need to do and to get the relevant forms.
Page 30	Payments to financial advisers	The second paragraph in the section Payments to financial advisers is replaced with: This commission is included in the premium and is not an additional cost to you. If you don't have a financial adviser, your premium won't be less.
Page 33	Paying your first premium	The first paragraph in the section Paying your first premium , is replaced with: If you pay your first premium before the policy is issued, the payment may be placed in a trust account until your application has been accepted or declined.
Page 34	Inflation Linked Option	The wording in the second bullet point in the second paragraph in the section Inflation Linked Option , is replaced with: for Income Protection and Business Expenses, the increase to the sum insured at any one Review Date will be the increase in CPI.
Page 36	Government charges	The wording in the section Government charges , is replaced with: We reserve the right to charge you an amount for any duty, tax, excise, impost, charge or deduction applied by the federal or state or territory governments, as may apply to the policy from time to time. There is no Goods and Services Tax (GST) charged on the premium.
Page 37	Guarantee of upgrade	The wording in the section Guarantee of upgrade , is replaced with: Whenever we improve the terms of a type of insurance you've chosen, and those improvements don't increase your premiums, we'll upgrade the terms of your policy. Each new improvement only applies from its effective date – ie, the date when the new definition or feature starts. So the improvement only applies to claims, health conditions and events which start or take place after the effective date. The improvements won't apply to past or existing claims, or claims resulting from health conditions or events which started or took place before the effective date. MLC will inform you of the effective date of any improvements to your policy. Should a situation arise where you are disadvantaged by the application of a policy term that has been changed under the Guarantee of upgrade since your policy started, then we will instead apply the prior version of that term that is most advantageous to you.

Table continues on next page

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

General Terms (continued)

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 37	Insurance in super – continuing your policy past age 65	<p>The section Insurance in super – continuing your policy past age 65, is replaced with:</p> <p>Insurance in super – continuing your policy past age 67</p> <p>When you reach age 67, there are certain age-based super regulations that restrict your ability to make contributions to super. This includes meeting a work test.</p> <p>You need to make sure you meet this test before making a contribution. If you don't meet the requirement, you must tell us within 14 days of making a contribution.</p> <p>If you tell us you don't meet the work test, you'll be offered the opportunity to convert to a non-super policy.</p> <p>Eligibility to contribute to super (work test)</p> <p>To satisfy the work test you must be Gainfully Employed on at least a part-time basis, for at least 40 hours during a period of 30 consecutive days in the financial year in which the contribution is made.</p> <p>If you have retired and are aged 67 to 74 with a total super balance¹ below \$300,000, you can continue to make voluntary super contributions in the first year that you don't meet the work test.</p> <p>This requirement may change from time to time.</p> <p>¹ Total Super Balance (TSB): Your TSB for a financial year is the value, at 30 June of the previous financial year, of all of your accumulation or pre-retirement phase accounts, retirement phase accounts, such as an account based pension, and funds in the process of being transferred from one super account to another (known as 'in-transit rollovers'). You can find out your TSB by logging in to your www.my.gov.au account.</p>
Page 37	Protecting your super	<p>The following new section Protecting your super is inserted immediately after the section Insurance in super – continuing your policy past age 65:</p> <p>Protecting your super</p> <p>The Trustee will request us to cancel insurance cover in super where your super account hasn't received a contribution for 16 continuous months and you haven't elected in writing to keep your insurance cover, even if your account is inactive. You can avoid cancellation of your insurance by either:</p> <ul style="list-style-type: none"> • Paying a premium / contribution / rollover in to your super account at least once every 16 months, or • Completing a "keep my insurance" form, which will then exclude your policy / super account from this process.
Page 38	<p>Converting MLC Life Cover Super policies</p> <p>When does conversion happen?</p> <p>If you pay your premiums through deduction from your Eligible MLC Account</p>	<p>The third paragraph in the section When does conversion happen?, is replaced with:</p> <p>If you pay your premiums through deduction from your Eligible MLC Account, you're aged between 67 and 74, and no longer meet the work test, you can keep your MLC Life Cover Super policy as long as you've sufficient funds in your account to pay for your insurance premiums.</p>

Table continues on next page

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

General Terms (continued)

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 39	Replacing your existing insurance	<p>The section Replacing your existing insurance, is replaced with:</p> <p>Replacing your existing insurance</p> <p>If you're replacing the insurance, you should compare the differences between the existing and replacement policies.</p> <p>This way you can make sure your replacement insurance is suitable for you.</p> <p>If the insurance you're replacing is issued by MLC Limited, then you agree that we'll cancel the insurance once your MLC Personal Protection Portfolio and/ or MLC Life Cover Super policy starts.</p> <p>If the insurance you're replacing is with another provider, then once your MLC Personal Protection Portfolio and/or MLC Life Cover Super policy starts, it will be your responsibility to cancel the replaced insurance. If you don't, any amount payable under your replacement insurance will be reduced by any similar amount that you, your estate or nominated beneficiary would be entitled to receive under the insurance that was to be replaced.</p> <p>Before you take steps to cancel and replace an existing life insurance policy, you should talk to your financial adviser or call us on 13 65 25.</p> <p>A new policy may require you to re-serve Waiting Periods, additional health exclusions may apply, and the new policy may not provide you the same insurance.</p> <p>Importantly, do not cancel your existing policy before your replacement insurance is in place.</p>
Page 42	Tax treatment of insurance outside super	<p>The wording in the second cell, in the first column of the table in the section Tax treatment of insurance outside super, is replaced with:</p> <p>Total and Permanent Disability, Terminal Illness Support, Critical Illness and Occupational HIV, Hepatitis B or C Infection insurances</p> <p>The first bullet point, in the second column, of the fourth row of the table in the section Tax treatment of insurance outside super, is replaced with:</p> <ul style="list-style-type: none"> • If you are self-employed or an employee, the part of the benefit that replaces income is likely to be assessable as income and that part of the premium that relates to the benefit that replaces income is likely to be tax deductible.

Table continues on next page

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

General Terms (continued)

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 43	Resolving complaints	<p>All of the wording in the section Resolving complaints, is replaced with:</p> <p>If you're disappointed with any of our products or services, we'd like an opportunity to put it right.</p> <p>Please call us on 13 65 25 or international calls +612 9121 6500 (charges apply) between 8.30am and 6pm (Melbourne/Sydney time), Monday to Friday to discuss your concerns. If we can't resolve your complaint over the phone, or you're not satisfied with the outcome, please write to us and include your address, phone number and email address so we can contact you easily. Write to:</p> <p>The Complaints Manager MLC Life Insurance Resolve PO Box 23501 Docklands VIC 3008</p> <p>We'll make every effort to resolve your complaint as quickly as possible, and let you know what's happening if the process takes longer than expected.</p> <p>The law allows up to 90 days to address super or traditional trustee service complaints, and 45 days for other product and services.</p> <p>If we haven't responded within this time, or you're not satisfied with our response you can contact:</p> <p>Australian Financial Complaints Authority (AFCA) GPO Box 3 Melbourne VIC 3001 Ph: 1800 931 678 (free call) Email: info@afca.org.au Website: afca.org.au</p> <p>AFCA is an independent body that provides a complaint resolution service free of charge to consumers.</p>
Page 89	Glossary of Terms <ul style="list-style-type: none"> Injury 	<p>The following defined term of Injury is inserted immediately before</p> <p>(What is a) Key Person?</p> <p>Injury means bodily injury.</p>
Page 97	Privacy Policy <ul style="list-style-type: none"> Contact us 	<p>The third bullet point in the section Contact us, is replaced with:</p> <ul style="list-style-type: none"> sending a letter to: <ul style="list-style-type: none"> The Privacy Officer MLC Limited Level 7 40 Mount Street North Sydney NSW 2060 AUSTRALIA

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Life Cover insurance

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 47	Conditions that apply to the Accidental Injury Benefit	<p>The wording in the section Conditions that apply to the Accidental Injury Benefit, is replaced with:</p> <ul style="list-style-type: none"> Any loss must be complete and permanent, be as a direct result of the Accident and occur within six months of the Accident. The maximum amount stated is the most you'll be paid, no matter how many MLC policies (inside or outside super) you hold that covers for an Accidental Injury Benefit. If you hold more than one MLC policy that covers for an Accidental Injury Benefit and the total of all those MLC policies is greater than the maximum amount, each policy will proportionally contribute to the maximum amount. For insurance inside super that first commenced after 30 June 2014, you must also be Permanently Incapacitated as a result of the Accident, as defined on page 90, to be eligible for an Accidental Injury Benefit.
Page 52	Financial Planning Benefit (outside super only) (Feature of Life Cover Standard and Plus, Terminal Illness Support, TPD, Critical Illness Standard and Plus insurances)	<p>The first bullet point in the second paragraph in the section Financial Planning Benefit is replaced with:</p> <ul style="list-style-type: none"> must be claimed within 12 months of the date on which we pay the lump sum benefit, and
Page 55, 56 and 90	Terminal Illness Benefit Terminal Illness Support insurance option Terminal Illness	<p>On Page 55, the second paragraph of the section Terminal Illness Benefit, is replaced with:</p> <p>You do not have to return to MLC the Terminal Illness Benefit paid if you survive the Terminal Illness.</p> <p>On Page 56, the second paragraph of the section Terminal Illness Support insurance option, is replaced with:</p> <p>You do not have to return to MLC the Terminal Illness Support Benefit paid if you survive the Terminal Illness.</p> <p>Each of the following are replaced with the replacement wording stated below:</p> <p>On Page 55 and 56, the third and fourth paragraphs of the section Terminal Illness Benefit, and the section Terminal Illness Support insurance option, and on Page 90, the wording of the definition of Terminal Illness.</p> <p>The replacement wording is:</p> <p>For insurance outside super</p> <ul style="list-style-type: none"> Terminal Illness means an illness that, in the opinion of the appropriate specialist physician approved by us: <ul style="list-style-type: none"> is likely to lead to death within 12 months from the date we are notified in writing by the approved physician. <p>If the above criteria is not met, we will also consider Terminal Illness under the following definition:</p> <ul style="list-style-type: none"> Terminal Illness means an illness that, even with appropriate medical treatment, in the opinion of the appropriate specialist physician approved by us, and where required, a further medical opinion from another appropriate specialist physician approved by us: <ul style="list-style-type: none"> will cause death, and is highly likely to lead to death within 24 months from the date we are notified in writing by the specialist physician(s).

Table continues on next page

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Life Cover insurance (continued)

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 55, 56 and 90	Terminal Illness Benefit Terminal Illness Support insurance option Terminal Illness	<p>For insurance inside super</p> <ul style="list-style-type: none"> Terminal Illness means an illness that, in the opinion of two Doctors, one of whom is an appropriate specialist in the relevant medical field approved by us: <ul style="list-style-type: none"> is likely to lead to death within 12 months from the date the Doctors certify the condition (the certification period). <p>We must be notified in writing of the Terminal Illness within the certification period.</p> <p>If the above criteria is not met, we will also consider Terminal Illness under the following definition:</p> <ul style="list-style-type: none"> Terminal Illness means an illness that, even with the appropriate medical treatment, in the opinion of two Doctors, one of whom is an appropriate Specialist in the relevant medical field approved by us: <ul style="list-style-type: none"> will cause death, and is highly likely to lead to death within 24 months from the date the Doctors certify the condition (the certification period). <p>We must be notified in writing of the Terminal Illness within the certification period.</p>

Total and Permanent Disability (TPD) and Loss of Independence insurance

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 52	Financial Planning Benefit (outside super only) (Feature of Life Cover Standard and Plus, Terminal Illness Support, TPD, Critical Illness Standard and Plus insurances)	The first bullet point in the second paragraph in the section Financial Planning Benefit is replaced with: <ul style="list-style-type: none"> must be claimed within 12 months of the date on which we pay the lump sum benefit, and
Pages 82 and 83	TPD – Any Occupation Definition	The wording in the definition of TPD – Any Occupation Definition is replaced with the definition shown on Page 20 of this SPDS.
Pages 83, 84 and 85	TPD – Own Occupation Definition	The wording in the definition of TPD – Own Occupation Definition is replaced with the definition shown from Page 21 of this SPDS.

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Critical Illness insurance

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS																
Page 16	Important information about Critical Illness insurance	The following new paragraph is inserted at the end of this section: In the case of stand-alone insurance, you'll receive your full Critical Illness insurance benefit if you survive for 14 days after suffering a critical condition.																
Page 17	Critical Illness insurance – Benefits, Features and Options <ul style="list-style-type: none"> Option(s) <ul style="list-style-type: none"> Any Occupation TPD and Partial Payment Benefit Own Occupation TPD and Partial Payment Benefit 	<p>Any Occupation TPD refers to the TPD – Any Occupation Definition on pages 82 and 83 of the Insurance PDS and is replaced with the definition shown on page 20 of this SPDS.</p> <p>Own Occupation TPD refers to the TPD – Own Occupation Definition on pages 83, 84 and 85 of the Insurance PDS and is replaced with the definition shown on page 21 of this SPDS.</p>																
Page 18	When will MLC pay?	<p>The following new section When will MLC pay? is inserted at the top of the page before the section What critical conditions are insured?:</p> <p>When will MLC pay?</p> <table border="1"> <tbody> <tr> <td>Critical Illness</td> <td>If you suffer a critical condition MLC will pay you a lump sum.</td> </tr> <tr> <td>Stand-alone Critical Illness</td> <td>If you live for 14 days after suffering a critical condition, MLC will pay the full Critical Illness benefit. If you die within 14 days after suffering a critical condition, MLC will pay a benefit of \$5,000.</td> </tr> </tbody> </table>	Critical Illness	If you suffer a critical condition MLC will pay you a lump sum.	Stand-alone Critical Illness	If you live for 14 days after suffering a critical condition, MLC will pay the full Critical Illness benefit. If you die within 14 days after suffering a critical condition, MLC will pay a benefit of \$5,000.												
Critical Illness	If you suffer a critical condition MLC will pay you a lump sum.																	
Stand-alone Critical Illness	If you live for 14 days after suffering a critical condition, MLC will pay the full Critical Illness benefit. If you die within 14 days after suffering a critical condition, MLC will pay a benefit of \$5,000.																	
Page 19	Critical Conditions	<p>The new critical condition Parkinson-Plus Syndrome is inserted into the table of Critical Conditions immediately after Parkinson's Disease – of specified severity:</p> <table border="1"> <thead> <tr> <th>Critical Conditions</th> <th>Critical Illness Standard</th> <th>Critical Illness Plus</th> <th>Qualifying Period</th> </tr> </thead> <tbody> <tr> <td>Parkinson-Plus Syndrome</td> <td></td> <td>Y</td> <td></td> </tr> </tbody> </table> <p>The last row in the table is replaced with:</p> <table border="1"> <thead> <tr> <th>Critical Conditions</th> <th>Critical Illness Standard</th> <th>Critical Illness Plus</th> <th>Qualifying Period</th> </tr> </thead> <tbody> <tr> <td>Total and Permanent Disability (TPD) (optional - not available with Critical Illness stand-alone)</td> <td>Y</td> <td>Y</td> <td></td> </tr> </tbody> </table>	Critical Conditions	Critical Illness Standard	Critical Illness Plus	Qualifying Period	Parkinson-Plus Syndrome		Y		Critical Conditions	Critical Illness Standard	Critical Illness Plus	Qualifying Period	Total and Permanent Disability (TPD) (optional - not available with Critical Illness stand-alone)	Y	Y	
Critical Conditions	Critical Illness Standard	Critical Illness Plus	Qualifying Period															
Parkinson-Plus Syndrome		Y																
Critical Conditions	Critical Illness Standard	Critical Illness Plus	Qualifying Period															
Total and Permanent Disability (TPD) (optional - not available with Critical Illness stand-alone)	Y	Y																

Table continues on next page

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Critical Illness insurance (continued)

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS									
Page 20	Extra Benefits Option	<p>The first paragraph in this section is replaced with:</p> <p>If you choose Critical Illness Plus insurance you can add one or both of the following extra benefits:</p> <ul style="list-style-type: none"> • Additional critical conditions for which a partial benefit is payable • Critical Illness Buy Back – an option to buy back your Critical Illness insurance. <p>The following new critical conditions are inserted into the table of Additional critical conditions:</p> <table border="1"> <thead> <tr> <th>Additional critical conditions</th> <th>Qualifying Period</th> <th>Maximum partial benefit</th> </tr> </thead> <tbody> <tr> <td>Early Stage Benign Brain Tumour – of specified type</td> <td></td> <td>\$100,000</td> </tr> <tr> <td>Intensive Care – requiring continuous mechanical ventilation for 5 days</td> <td></td> <td>\$50,000</td> </tr> </tbody> </table>	Additional critical conditions	Qualifying Period	Maximum partial benefit	Early Stage Benign Brain Tumour – of specified type		\$100,000	Intensive Care – requiring continuous mechanical ventilation for 5 days		\$50,000
Additional critical conditions	Qualifying Period	Maximum partial benefit									
Early Stage Benign Brain Tumour – of specified type		\$100,000									
Intensive Care – requiring continuous mechanical ventilation for 5 days		\$50,000									
Page 49	Child Support Benefit (outside super only) (Feature of Critical Illness Plus insurance)	<p>The wording for the following bullet points in the section What conditions are covered?, are replaced with:</p> <p>First bullet point:</p> <ul style="list-style-type: none"> • Aplastic Anaemia – of specified severity <p>Third bullet point:</p> <ul style="list-style-type: none"> • Benign Brain Tumour – of specified severity <p>Seventh bullet point:</p> <ul style="list-style-type: none"> • Chronic Kidney Failure – requiring permanent dialysis or transplant 									
Page 49 and 50	Child Support Benefit (outside super only) (Feature of Critical Illness Plus insurance) • What conditions are covered?	<p>On Pages 49 and 50, the definitions of the following Child Support Benefit Conditions, listed in the section What conditions are covered?, have been replaced as follows:</p> <ul style="list-style-type: none"> • Deafness – permanent (see page 14 of this SPDS) • Heart Valve Surgery – of specified severity (see page 14 of this SPDS) • Intensive Care - requiring continuous mechanical ventilation for 10 days (see page 15 of this SPDS) 									

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MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Critical Illness insurance (continued)

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 51	<p>Critical Illness Buy Back Option (Available with Critical Illness Plus insurance)</p> <ul style="list-style-type: none"> • When is cover restored? • What are the conditions (including exclusions)? 	<p>The wording in the section When is cover restored?, is replaced with:</p> <p>Your cover can be restored 12 months after the date the full Critical Illness benefit (including a benefit for an Extra Benefits Option – Partial Benefits condition) is paid.</p> <p>You can apply to have your Critical Illness insurance restored up to 30 days after this date.</p> <p>The first bullet point in the section What are the conditions (including exclusions)? is replaced with:</p> <ul style="list-style-type: none"> • If you have Critical Illness as an Extension or a connected benefit to your Life Cover insurance (see page 16) and: <ul style="list-style-type: none"> – you have the option to buy back your Life Cover insurance after a claim – you must buy back the Life Cover benefit at the same time you buy back your Critical Illness insurance. Restoring your Life Cover and Critical Illness insurance may happen at different times, depending on the dates you satisfy the requirements to restore each of these insurances, or – you do not have the option to buy back your Life Cover insurance after a claim, your new Critical Illness insurance will be issued as a stand-alone Critical Illness insurance policy.
Page 52	<p>Financial Planning Benefit (outside super only) (Feature of Life Cover Standard and Plus, Terminal Illness Support, TPD, Critical Illness Standard and Plus insurances)</p>	<p>The first bullet point in the second paragraph in the section Financial Planning Benefit is replaced with:</p> <ul style="list-style-type: none"> • must be claimed within 12 months of the date on which we pay the lump sum benefit, and
Page 54	<p>Life Cover Buy Back Option (Available with Critical Illness Extension insurance)</p> <ul style="list-style-type: none"> • When is cover restored? 	<p>The wording in the fourth paragraph in the section When is cover restored?, is replaced with:</p> <p>If the Critical Illness benefit payment was due to TPD as a critical condition, we'll automatically restore your Life Cover insurance if you live for 14 days after the event causing your Total and Permanent Disability. Your Life Cover can only be restored after we've paid your full Critical Illness benefit due to TPD as a critical condition.</p>
Page 76	<p>Coronary Artery Angioplasty</p>	<p>The wording in the section Coronary Artery Angioplasty, is replaced with:</p> <p>An operation to correct narrowing or obstruction of one or more coronary arteries. Intra-arterial investigation procedures are not included.</p> <p>This critical condition applies only for policies where the Critical Illness benefit is \$100,000 or more.</p> <p>The benefit payable for this critical condition is 10% of the life insured's Critical Illness benefit up to a maximum of \$20,000 per event.</p> <p>After this benefit is paid, this type of insurance will continue, with the benefit reduced by the amount paid. Critical Illness premiums will be reduced in line with the reduced benefit.</p> <p>A benefit will be paid for subsequent angioplasty procedures provided that they are necessary.</p>

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MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Critical Illness insurance (continued)

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 76	Coronary Artery Angioplasty – Triple Vessel	<p>The wording in the section Coronary Artery Angioplasty – Triple Vessel, is replaced with:</p> <p>The actual undergoing of an operation to correct narrowing or obstruction of three or more different coronary arteries when considered the necessary and appropriate treatment.</p> <p>This procedure can be completed in one procedure or via multiple procedures within a two month period.</p> <p>The benefit payable for Coronary Artery Angioplasty – Triple Vessel is 100% of the life insured's Critical Illness benefit.</p>
Page 76	Deafness – permanent	<p>The wording in the definition of Deafness – permanent is replaced with:</p> <p>Irreversible loss of hearing in both ears, after which the better ear:</p> <ul style="list-style-type: none"> • has an auditory threshold of greater than 90 decibels from the frequencies of 500 hertz to 3,000 hertz, even with amplification, and • is diagnosed and certified by an appropriate specialist Doctor, using standardised equipment.
Page 76 and 77	Dementia or Alzheimer's Disease – permanent and of specified severity	<p>The wording in the definition of Dementia or Alzheimer's Disease – permanent and of specified severity is replaced with:</p> <p>The unequivocal diagnosis of Dementia or Alzheimer's disease, by a Doctor, causing permanent failure of brain function.</p> <p>A deterioration in the life insured's Mini-Mental State Examination score to 24 or less is required. Alternatively, we will consider other neuropsychometric tests acceptable to us that conclusively diagnose the condition to at least the same level of stated severity.</p>
Page 77	Early Stage Benign Brain Tumour – of specified type (partial benefit)	<p>The following new definition of Early Stage Benign Brain Tumour – of specified type (partial benefit) is inserted immediately before Early Stage Chronic Lymphocytic Leukaemia (CLL) – of specified severity (partial benefit)</p> <p>Early Stage Benign Brain Tumour – of specified type (partial benefit)</p> <p>The presence of a non-cancerous tumour of the brain or spinal cord, giving rise to symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures, or sensory/motor skills impairment. The diagnosis must be confirmed by a consultant neurologist and the presence of the condition must be confirmed by imaging studies such as CT scan or MRI.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • intracranial cysts, granulomas and haematomas • intracranial malformation in or of the arteries and veins, and • tumours of the pituitary gland.
Page 77	Heart Valve Surgery – of specified severity	<p>The wording in the definition of Heart Valve Surgery – of specified severity is replaced with:</p> <p>The surgical repair or replacement of a defective heart valve or valves, as a consequence of heart valve defects or abnormalities that cannot be corrected by non-surgical techniques.</p>

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MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Critical Illness insurance (continued)

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 78	Intensive Care – requiring continuous mechanical ventilation for 5 days (partial benefit)	<p>The following new definition of Intensive Care – requiring continuous mechanical ventilation for 5 days (partial benefit) is inserted immediately before Intensive Care – requiring continuous mechanical ventilation for 10 days:</p> <p>Intensive Care – requiring continuous mechanical ventilation for 5 days (partial benefit)</p> <p>Mechanical ventilation by means of tracheal intubation for 5 consecutive days (24 hours per day) in an intensive care unit of an acute care hospital.</p>
Page 78	Intensive Care – requiring continuous mechanical ventilation for 10 days (partial benefit)	<p>The definition of Intensive Care – requiring continuous mechanical ventilation for 10 days is replaced with:</p> <p>Intensive Care – requiring continuous mechanical ventilation for 7 days</p> <p>Mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) in an intensive care unit of an acute care hospital.</p>
Page 80	Parkinson's Disease – of specified severity	<p>The wording in the definition of Parkinson's Disease – of specified severity is replaced with:</p> <p>The unequivocal diagnosis of degenerative idiopathic Parkinson's disease, as characterised by the clinical manifestations of one or more of:</p> <ul style="list-style-type: none"> • rigidity • tremor • akinesia from degeneration of the nigrostriatal system. <p>All other types of parkinsonism (including but not limited to parkinsonism secondary to medication, vascular disease, drugs, metabolic conditions and infections) are excluded.</p>
Page 80	Parkinson-Plus Syndrome	<p>The following new definition Parkinson-Plus Syndrome is inserted immediately before Pneumonectomy – complete removal of entire lung:</p> <p>Parkinson-Plus Syndrome</p> <p>The unequivocal diagnosis by a Neurologist of one of the following Parkinson-Plus (atypical parkinsonian) Syndromes:</p> <ul style="list-style-type: none"> • Multiple Systems Atrophy (MSA) • Progressive Supranuclear Palsy (PSP) • Corticobasal Degeneration/Syndrome (CBD) • Dementia with Lewy bodies (DLB) <p>The conditions stated above must be irreversible.</p> <p>All other types of parkinsonism (including but not limited to parkinsonism secondary to medication, vascular disease, drugs, metabolic conditions and infections) are excluded.</p>
Page 81	Specified Complications of Pregnancy (partial benefit)	<p>The fourth bullet point relating to Stillbirth in the definition of Specified Complications of Pregnancy (partial benefit) is replaced with:</p> <ul style="list-style-type: none"> • Stillbirth – the birth of an infant after at least 20 completed weeks of gestation or of 400 grams or more of birth weight, which shows no signs of life after birth.

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Income Protection insurance

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 22	Expiry age (insurance expires on the policy anniversary after reaching the age noted below)	The wording of the section Expiry age (insurance expires on the policy anniversary after reaching the age noted below) , is replaced with: Expiry age (insurance expires on reaching the age noted below) 65
Page 23	3. Choice of Indemnity or Agreed Value	The wording of the third paragraph is replaced with: Both are available under Income Protection Plus, however Agreed Value cover is no longer available if you don't already hold it. If you already hold Agreed Value cover, you can continue to make changes or transfer your cover (as set out in this PDS).
Page 25	Income Protection insurance – Benefits, Features and Options	In the Insurance benefits, features and options column of the table, the page reference under Benefits where a prior period of Total Disability is not required for Partial Disability or Rehabilitation is amended to read Page 86.
Page 60	Conditions for monthly benefits over \$30,000	In the section Conditions for monthly benefits over \$30,000 , the following paragraph is inserted immediately before the first paragraph: Insurance above \$30,000 monthly benefit is available for PPP only.
Page 60	Style of benefit	A new paragraph is inserted at the end of the Style of benefit section: Agreed Value cover is no longer available if you don't already hold it. If you already hold Agreed Value cover, you can continue to make changes or transfer your cover (as set out in this PDS).
Page 64	Accommodation Benefit	The wording in the section Accommodation Benefit , is replaced with: You'll receive an additional \$500 every day if a Family member needs hotel or motel accommodation to be near you. This applies if you're Totally Disabled, confined to bed and receiving full-time registered nursing care (not provided by a member of your Family) under a Doctor's direction and you are more than 100 kilometres from your usual place of residence. The benefit applies from the fourth day of your confinement to bed for a maximum of 30 days in any 12-month period.
Page 64 and 65	Double benefits for specified conditions	On Page 64 , the wording in the first paragraph in the section Double benefits for specified conditions , is replaced with: You'll receive double the normal monthly benefit for a total or partial disability or rehabilitation for up to six months if you suffer any of the following conditions as defined in the Critical Illness definitions on pages 74 - 81. On Page 65 , the following new critical condition Parkinson-Plus Syndrome is inserted into the list of critical conditions immediately after Parkinson's Disease – of specified severity . The wording for the Parkinson-Plus Syndrome critical condition can be found on page 15 of this SPDS. On Page 65 , the wording of the following listed critical conditions have been replaced: <ul style="list-style-type: none"> • Deafness – permanent (see page 14 of this SPDS) • Dementia or Alzheimer's Disease – permanent and of specified severity (see page 14 of this SPDS) • Heart Valve Surgery – of specified severity (see page 14 of this SPDS) • Parkinson's Disease – of specified severity (see page 15 of this SPDS)

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MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Income Protection insurance (continued)

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 65	Home Assistance	<p>The wording in the section Home Assistance, is replaced with:</p> <p>While you receive a Total Disability benefit, if you're at home, confined to bed or the house and dependent on home assistance or nursing care, you'll receive a further benefit to help you cover this cost.</p> <p>If you need care at home and either:</p> <ul style="list-style-type: none"> • you hire a private registered nurse (who isn't a member of your Family), you'll receive \$150 per day, or • your Spouse stops working at a full-time job solely to care for you at home (unless your Spouse worked for you or your employer before your disability), you'll receive for each day your spouse provides that care, the daily proportion of your monthly benefit. <p>The maximum benefit is the lesser of your monthly benefit or \$4,500 per month, for up to six months.</p>
Page 66	Child Support Income Benefit (outside super only) (Feature of Income Protection Plus insurance) <ul style="list-style-type: none"> • What conditions are covered? 	<p>On Page 66, the definitions of the following Child Support Income Benefit Conditions, listed in the section What conditions are covered?, have been replaced as follows:</p> <ul style="list-style-type: none"> • Deafness – permanent (see page 14 of this SPDS) • Heart Valve Surgery – of specified severity (see page 14 of this SPDS) • Intensive Care - requiring continuous mechanical ventilation for 10 days (see page 15 of this SPDS)
Pages 68 and 69 and Page 72	Occupational HIV, Hepatitis B or C Lump Sum Benefit (for certain occupations only under PPP Plus)	<p>On Pages 68 and 69, in the section Occupational HIV, Hepatitis B or C Lump Sum Benefit, the third and fourth bullet points in the eighth paragraph are replaced with:</p> <ul style="list-style-type: none"> • commencing after the appropriate government body has recommended a preventative vaccine for use in your occupation but only if you have not taken this vaccine • commencing after the appropriate government body has approved a treatment which makes infection inactive and non-infectious but only if you don't undertake the available treatments
Page 69	Recurring Disability Benefit <ul style="list-style-type: none"> • For Income Protection insurance 	<p>In the section Recurring Disability Benefit, all of the wording under For Income Protection insurance: is replaced with:</p> <p>If the same disability recurs while this insurance is in force and within:</p> <ul style="list-style-type: none"> • six months (if your benefit period is five years or less) • 12 months (if your benefit period is more than five years) <p>of your return to full-time work, MLC will consider it a continuation of the original disability. You can claim as soon as the disability recurs, with no new Waiting Period. The cause of the disability must be the same as, or related to, the cause of the original disability.</p> <p>If the disability recurs after this time, MLC will treat it as a new claim.</p>
Page 70	Conditions that apply to the Waiting Period conversion	<p>The first two bullet points in the section Conditions that apply to the Waiting Period conversion are replaced with:</p> <ul style="list-style-type: none"> • when the insurance started the Waiting Period was two years, • when the insurance started you were insured under a Salary Continuance Arrangement which has a two year benefit period,

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MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Income Protection insurance (continued)

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 86	Partial Disability and Rehabilitation	In the third paragraph in the section Partial Disability and Rehabilitation , the new critical condition Parkinson-Plus Syndrome is inserted into the list of specified conditions immediately after Parkinson's Disease – of specified severity . The wording for the Parkinson-Plus Syndrome critical condition can be found on page 15 of this SPDS.

Business Expenses insurance

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 26	Expiry age (insurance expires on the policy anniversary after reaching the age noted below)	The wording of the section Expiry age (insurance expires on the policy anniversary after reaching the age noted below) , is replaced with: Expiry age (insurance expires on reaching the age noted below) 65
Page 26	Business Expenses setting you choose	The wording in the section, Business Expenses setting you choose , is replaced with: Choice of Waiting Period You can choose a Waiting Period of 14 days or 1 month.

Premium Waiver insurance

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 55	Premium Waiver – When will we waive your premium?	The first paragraph in the section Premium Waiver – When will we waive your premium? is replaced with: You can apply for Premium Waiver insurance with Life Cover, TPD and Loss of Independence and Critical Illness insurance. This insurance is not available for Special Risk Occupations.
Pages 55	Premium Waiver – When will we waive your premium? • Total and Permanent Disability	In the section Premium Waiver – When will we waive your premium? , the wording under the first bullet point in the fifth paragraph states: • suffering Total and Permanent Disability under the Any Occupation definition for at least 3 continuous months. Premiums will be waived for the period of disability up to age 65, or Total and Permanent Disability under the 'Any Occupation' definition refers to the TPD – Any Occupation Definition on pages 82 and 83 of the Insurance PDS and is replaced with the definition shown on page 20 of this SPDS.

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MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Premium Waiver insurance (continued)

Page in Insurance PDS	What is impacted?	Changes to the Insurance PDS
Page 55	Premium Waiver – When will we waive your premium? <ul style="list-style-type: none"> • Total Disability 	In the section Premium Waiver – When will we waive your premium? The wording under the third bullet point in the fifth paragraph is replaced with: <ul style="list-style-type: none"> • suffering Total Disability. If you remain Totally Disabled for more than six months, premiums will be waived after these six months while you are Totally Disabled, up to age 65. If you purchase Premium Waiver insurance on a policy where Income Protection insurance also applies, we'll waive the premiums for your other insurances on the policy. The following wording is inserted at the end of the section: For Premium Waiver: <ul style="list-style-type: none"> • 'retrenched' means when your employer terminates your full-time employment because your position is no longer needed for the business. • 'Total Disability' and 'Totally Disabled' means that solely due to Injury or sickness, you are: <ul style="list-style-type: none"> – continuously unable to do at least one of the important Duties of your occupation, and – not working for Earnings, payment or profit, and – being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Changes to Total and Permanent Disability (TPD) Definitions in the Insurance PDS

On Pages 82 and 83, the wording in the definition of **TPD - Any Occupation Definition** is replaced with:

Totally and Permanently Disabled (this applies until the Review Date after the Life Insured reaches age 65)

Where this Total and Permanent Disability and Loss of Independence insurance first commenced after 30 June 2014 under an LCS policy or a PPP policy owned by a SMSF, the Life Insured must also be Permanently Incapacitated.

The Life Insured is Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:

(a)

- as a result of their disability they are completely unable to work at any
- occupation they are reasonably suited to by way of education, experience or training that would result in a rate of Earnings of more than 25% of their rate of Earnings during the continuous 12 month period before they were disabled, and are unlikely ever to be able to do so again; and
- these circumstances have existed continuously for at least 3 months,

or

(b)

- they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us); and

- as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again,

or

(c) they have suffered from the total and irrecoverable loss of:

- the use of both hands; or
- the use of both feet; or
- the sight in both eyes; or
- the use of one hand and one foot; or
- the use of one foot and the sight in one eye; or
- the use of one hand and the sight in one eye.

If, at the time the disability begins, the Life Insured is not Gainfully Employed, has not been Gainfully Employed during the previous 12 months and was performing full time domestic duties or child rearing, they are Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (d), (e) or (f) below:

(d)

- as a result of their disability they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again; and
- these circumstances have existed continuously for at least 3 months,

or

(e)

- they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us); and
- as a result of this impairment, they are disabled to such an extent that they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again,

or

(f) they have suffered from the total and irrecoverable loss of:

- the use of both hands; or
- the use of both feet; or
- the sight in both eyes; or
- the use of one hand and one foot; or
- the use of one foot and the sight in one eye; or
- the use of one hand and the sight in one eye.

Where the Life Insured is not Gainfully Employed and has not been Gainfully Employed during the previous 12 months, the definition that will apply to the Life Insured will be the one closest to the Life Insured's circumstances.

MLC Personal Protection Portfolio

MLC Life Cover Super

Supplementary Product Disclosure Statement (SPDS)

Changes to Total and Permanent Disability (TPD) Definitions in the Insurance PDS

On Pages 83, 84 and 85, the wording in the definition of **TPD - Own Occupation Definition** is replaced with:

Totally and Permanently Disabled (this applies until the Review Date after the Life Insured reaches age 65)

After 30 June 2014, this definition isn't available for new insurance under an LCS policy or a PPP policy owned by an SMSF.

The Life Insured's own occupation means the occupation in which they were engaged at the time of their application for this type of insurance unless they have changed their occupation since then.

Where the change is to an occupation or occupation category that is eligible for the own occupation definition, You may choose to have a claim assessed under either the Life Insured's occupation at the time of their application or their occupation immediately prior to their date of disability. Where the change is to an occupation or occupation category that is not eligible for the own occupation definition the claim will be assessed under the Life Insured's occupation at the time of their application.

The Life Insured is Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:

- (a)
- as a result of their disability they are completely unable to work at their own occupation and are unlikely ever to be able to do so again; and
 - these circumstances have existed continuously for at least 3 months, and during such period the Life Insured has not been working in any occupation,

or

(b)

- they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us); and
- as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their own occupation and are unlikely ever to be able to do so again,

or

(c) they have suffered from the total and irrecoverable loss of:

- the use of both hands; or
- the use of both feet; or
- the sight in both eyes; or
- the use of one hand and one foot; or
- the use of one foot and the sight in one eye; or
- the use of one hand and the sight in one eye.

If, at the time the disability begins, the Life Insured is not Gainfully Employed, has not been Gainfully Employed during the previous 12 months and was performing full time domestic duties or child rearing, they are Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (d), (e) or (f) below:

(d)

- as a result of their disability they are completely unable to do any Normal Physical Domestic Duties and are

unlikely ever to be able to do so again; and

- these circumstances have existed continuously for at least 3 months,

or

(e)

- they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us); and

- as a result of this impairment, they are disabled to such an extent that they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again,

or

(f) they have suffered from the total and irrecoverable loss of:

- the use of both hands; or
- the use of both feet; or
- the sight in both eyes; or
- the use of one hand and one foot; or
- the use of one foot and the sight in one eye; or
- the use of one hand and the sight in one eye.

Where the Life Insured is not Gainfully Employed and has not been Gainfully Employed during the previous 12 months, the definition that will apply to the Life Insured will be the one closest to the Life Insured's circumstances.

**If you need help**

If you have any questions, please visit mlcinsurance.com.au. Alternatively, please speak with your financial adviser or call us on **13 65 25** between 8.30am and 6pm (Melbourne/Sydney time), Monday to Friday.

Outside of Australia?

You can call us on **+612 9121 6500**

Postal address

MLC Limited
PO Box 200
North Sydney NSW 2059

Important information

MLC Limited issues and is responsible for this SPDS and the insurance described in it. The information in this SPDS may change over time. We'll inform you of changes that are materially adverse to you. We'll publish all other changes on mlcinsurance.com.au which you should check from time to time. You can call us on 13 65 25 for free paper copies of updates or SPDSs and PDSs. In providing information in this SPDS MLC Limited hasn't taken account of your objectives, financial situation or needs. Accordingly, you should consider whether the information in this SPDS is sufficient having regard to your situation. You should speak with your financial adviser before making any insurance decision.

If you take out insurance described in this SPDS, the full legal terms and conditions are in the insurance policy documents that we'll issue to you or your Trustee. You can also call the number above to get a free copy of these insurance policies. MLC Limited is not a registered tax agent. If you wish to rely on the general tax information contained in this SPDS to determine your personal tax obligations, we recommend you seek professional advice from a registered tax agent. If you're taking insurance through your super fund, your Trustee will provide you with information about your membership in the fund. MLC Personal Protection Portfolio and MLC Life Cover Super are offered only in Australia. MLC Limited receives insurance premiums and pays claims from its Statutory Fund No. 1. The insurance described in this SPDS is non-participating and doesn't entitle the policy owner to participate in the distribution of any surplus of the statutory fund. This insurance is designed purely for protection and isn't a savings plan. It will never have a surrender or cash value. In this SPDS we use medical terminology to define when certain benefits are payable. To assist you in understanding this medical terminology you may like to consult with your doctor.

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MLC Personal Protection Portfolio MLC Life Cover Super Product Disclosure Statement

Preparation date
30 June 2017

Insurer
MLC Limited
ABN 90 000 000 402 AFSL 230694

This Product Disclosure Statement is for the exclusive use of current holders of MLC Personal Protection Portfolio and MLC Life Cover Super policies.



Your guide to using this PDS

Important information

MLC Limited issues and is responsible for this Product Disclosure Statement (PDS) and the insurance described in it.

The information in this PDS may change over time. We will inform you of changes that are materially adverse to you.

We will publish all other changes on **mlcinsurance.com.au** which you should check from time to time.

You can call us on **132 652** for free paper copies of updates or PDSs.

In providing information in this PDS MLC Limited hasn't taken account of your objectives, financial situation or needs.

Accordingly, you should consider whether the information in this PDS is sufficient having regard to your situation.

You should speak with your financial adviser before making any insurance decision.

If you take out insurance described in this PDS, the full legal terms and conditions are in the insurance policy documents that we will issue to you or your Trustee. You can also call the number above to get a free copy of these insurance policies.

MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and not a part of the National Australia Bank Group of Companies (NAB).

MLC Limited is not a registered tax agent. If you wish to rely on the general tax information contained in this PDS to determine your personal tax obligations, we recommend you seek professional advice from a registered tax agent.

If you are taking insurance through your super fund, your Trustee will provide you with information about your membership in the fund.

MLC Personal Protection Portfolio and MLC Life Cover Super is offered only in Australia. MLC Limited receives insurance premiums and pays claims from its Statutory Fund No. 1.

The insurances described in this PDS are non-participating and don't entitle the policy holder to participate in the distribution of any surplus of the statutory fund.

This insurance is designed purely for protection and isn't a savings plan. It will never have a surrender or cash value.

In this PDS we use medical terminology to define when certain benefits are payable. To assist you in understanding this medical terminology you may like to consult with your doctor.

Your guide to using this PDS

Before you read this PDS

The information in this PDS applies if you have an existing MLC Personal Protection Portfolio or MLC Life Cover Super policy and want to make changes. If you do not have an existing policy, you are not able to access the insurance described in this PDS.

For the full terms and conditions of your existing insurance please refer to your Policy Document and subsequent upgrade notices.


If you already have a MLC Personal Protection Portfolio or MLC Life Cover Super policy you can apply to:

- increase the amount of your existing benefits
- make changes to your existing policy
- add new benefits and/or features to your policy
- transfer your insurance outside super to inside super – change your MLC Personal Protection Portfolio policy to a MLC Life Cover Super policy
- transfer your existing insurance inside super to outside super policy – change your MLC Life Cover Super policy to a MLC Personal Protection Portfolio policy
- take out a new insurance policy inside super and link it to your policy outside super, or
- take out a new insurance policy outside super and link it to your policy inside super.

In this PDS you'll find the following terms:

For insurance outside super (MLC Personal Protection Portfolio)		
MLC/we/us/our	refers to	MLC Limited, the insurer.
you/your	assumes that	you are both the policy owner and the life insured.
Outside super	refers to	insurance which is not governed by super law and not held by a super Trustee.
For insurance inside super (MLC Life Cover Super and MLC Personal Protection Portfolio (SMSF))		
MLC/we/us/our	refers to	MLC Limited, the insurer.
NULIS Nominees	refers to	NULIS Nominees (Australia) Limited in its capacity as the Trustee of MLC Super Fund.
Trustee	refers to	NULIS Nominees (see above) for insurance through your super in the MLC Super Fund, or The trustee of your complying super fund (for example a SMSF trustee). <i>Note: for insurance in super the Trustee is the policy owner.</i>
the Fund (MLC Life Cover Super only)	refers to	the MLC Super Fund.
Your fund	refers to	any complying super fund.
Inside super	refers to	insurance held within the super environment and which is subject to super laws. This may include insurances which are held by SMSF trustees.
you/your/member	refers to	For MLC Life Cover Super - a member of the Fund and the life insured. For Personal Protection Portfolio (SMSF) - a member of the relevant super fund and the life insured.
Eligible MLC Account	refers to	A super investment account held with the National Australia Bank Group of Companies (NAB) from which insurance premiums can be deducted. A list of Eligible MLC Accounts is available on page 88. These super investment accounts are issued by NULIS Nominees and not by MLC Limited.

In this PDS you will find the following information about your insurance. You should read it all carefully.

Section		Go to
 How insurance works with MLC	How insurance works, what insurance is and the types of insurance available.	Pages 6 - 10
 Key information about your insurance	The benefits, features and options available with your insurance and decisions you need to make in setting it up.	Pages 12 - 26
 Your insurance journey	Understand your insurance journey and important information you need to know at each step.	Pages 28 - 43
 Summary of the terms and conditions	<p>What you're insured for, when you'll be able to make a claim, for how long you'll be paid your benefits, and when you can exercise certain features and options.</p> <p>You will also find information about:</p> <ul style="list-style-type: none"> • what you are not insured for (known as General exclusions) on page 57 and page 71 • when your insurance will end (known as General termination events) on pages 58 - 59 and page 72. 	Pages 46 - 72
 Key medical and disability definitions	How we define specific medical conditions and disability for your insurance.	Pages 74 - 86
 Glossary of common terms	An explanation of key terms and concepts used in this PDS.	Pages 88 - 91
 Your Duty of Disclosure	An explanation of what this means and what happens if you don't tell us everything we need to assess your application.	Page 92
 Privacy Policy	An explanation of how we handle your personal information.	Pages 94 - 97
 Interim Accident Certificate	The terms and conditions for Interim Accident Insurance, which insures you while we assess your application.	Pages 98 - 99

Making a claim

On page 40 we describe what you need to know about making a claim.

If you or your beneficiaries need to make a claim, please call us on **1300 125 246** between 8am and 6pm AEST, Monday to Friday, to find out what you or they need to do, and to get the relevant forms.



1

How insurance works with MLC



Insurance snapshot



Know your insurance

It's important to understand what you are, and what you're not insured for. This PDS is here to help you understand your insurance.

1. Insurance provides protection

Insurance helps protect against the potentially devastating financial consequences of serious life events like death, disability or a critical illness - at a time when you, your family or your business needs support the most.

Claimable events



Death



Disability



Critical illness

2. Insurance is a contract

Your insurance company agrees to insure you for certain claimable events. In return you agree to pay a premium. Your policy document sets out the terms and conditions of your insurance, while the schedule sets out details of what you're insured for (including the sum insured, specific settings and options selected, special terms that you have etc).

Who can own your insurance?

- You or someone else
- A business
- A super Trustee

3. You provide information

Before insurance is issued, you have to provide information about your health and individual circumstances to determine if you can be insured, or if special terms need to apply.



It's really important that you tell everything about your health and circumstances when you apply for your insurance. This is called your Duty of Disclosure.

If you don't make a full disclosure you or your beneficiaries may not be paid a benefit when you need it most.

All the information you need about your duty of disclosure is on page 92.

4. You pay a premium

Your premium is the amount you pay for your insurance.

Generally your premiums will be higher when you're:

- insured for higher amounts (sum insured) or for multiple types of insurance, or
- more likely to make a claim (risk of claim).

Premiums are recalculated each year. For more information about premiums pages 33 - 36.

Factors that impact your premium amount



Age



Smoking status



Gender



Occupation



Health and medical history



Lifestyle and leisure activities.

5. You are insured

Your insurance continues until you cancel it, it expires or a nominated event occurs that ends it.

For information about when your insurance ends, see the General termination events sections of this PDS on pages 58 - 59 and page 72.



Worldwide insurance

MLC insurance travels with you, which means you're insured 24 hours a day, anywhere in the world.

6. You (or your beneficiaries) make a claim



You or your beneficiaries can make a claim if a claimable event occurs while you're insured.

Some insurances have:

- Exclusions (events or conditions you're not insured for), or
- Qualifying Periods, (defined periods of time when a policy starts, is increased or reinstated where claims for certain events aren't payable), or
- Waiting Periods, (defined periods of time after a claimable event where claims for certain events aren't payable).

For more information about what you can and can't claim for, see the Summary of the terms and conditions section of this PDS on pages 46 - 72.

7. Paying benefits



If your claim is approved the benefit is paid.

The insurance terms and conditions describe when the benefit paid will be:

- The sum insured for that particular insurance, or
 - A proportion of the sum insured, or
 - Another specified amount.
-

Our offer

Our offer at a glance

MLC products

- **MLC Personal Protection Portfolio (PPP)** – available outside super.
- **MLC Life Cover Super (LCS)** – available inside super through the MLC Super Fund.

You can quickly see when an insurance type is available inside or outside super (or both) using the symbols below.



Inside super



Outside super








Inside/Outside super

If you have a self-managed super fund (SMSF)

SMSFs that have insurance under an MLC Personal Protection Portfolio policy are subject to superannuation law and so additional requirements will apply.

Types of insurance available

Insurance we offer		Summary	Find out more
Life Cover		To provide a lump sum payment if you die or you're diagnosed with a terminal illness. Types available: <ul style="list-style-type: none"> • Life Cover Plus (our highest level of insurance) • Life Cover Standard (our standard level of insurance) 	Pages 12 - 13
Total and Permanent Disability (TPD) and Loss of Independence		To provide a lump sum payment if you suffer total and permanent disability and can't work again.	Pages 14 - 15
Critical Illness		To provide a lump sum payment if you are diagnosed with a specific critical condition (also known as trauma insurance). Types available: <ul style="list-style-type: none"> • Critical Illness Plus (our highest level of insurance) • Critical Illness Standard (our standard level of insurance) 	Pages 16 - 21
Income Protection		<ul style="list-style-type: none"> • To provide an income stream if you can't work due to sickness or injury. • Types available: <ul style="list-style-type: none"> • Income Protection Plus (our highest level of insurance) • Income Protection Standard (our standard level of insurance) 	Pages 22 - 25
Business Expenses		<ul style="list-style-type: none"> • To insure certain business expenses if you can't work due to sickness or injury. 	Page 26

Insurance in super at MLC

In this PDS insurance **inside super** refers to all types of insurance that can be held in super, regardless of who is the Trustee.

You can choose to hold insurance and pay premiums through super.

MLC issues the policy to the Trustee, who owns it on your behalf. You are both the life insured and a member of your fund.

Importantly, for benefits to be paid to you or your beneficiaries for your insurance in super you will need to meet both:

- the insurance terms and conditions, and
- a condition of release set by super law

More information about the conditions of release is on page 41.

Holding your policy in a super fund

MLC has an arrangement with NULIS Nominees (Australia) Limited ABN 80 008 515 633 AFSL 236465 (NULIS Nominees), who is the Trustee of the MLC Super Fund (the Fund) ABN 70 732 426 024 to make MLC Life Cover Super available to you through the Fund.

For details about:

NULIS Nominees and the MLC Super Fund	Your own SMSF Super Fund
Please refer to their PDS titled: MLC Super Fund – Retail Insurance in Super: for Life Cover Super and Protectionfirst Super Product Disclosure Statement	Please refer to your fund trust deed.

When considering holding your insurance in super you should consider:

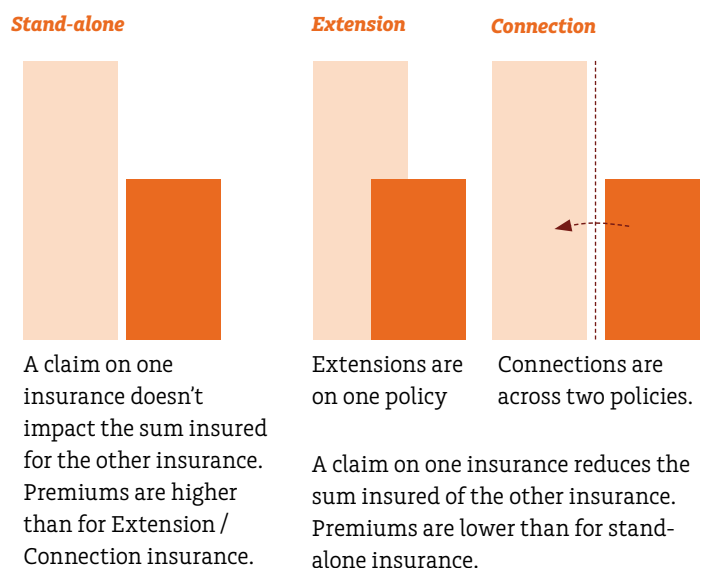
- The type of cover you want
- How you want to pay for your insurance
- Whether the benefits are paid through a Trustee or directly to you or your beneficiaries.

You should get specific guidance from your financial adviser when making this important choice.

Structuring your insurance

Claim structures you can choose

For some insurance you can choose what will happen to the sum insured on your other insurances after we pay a claim.



You choose the claim structure when you first take out your insurance.

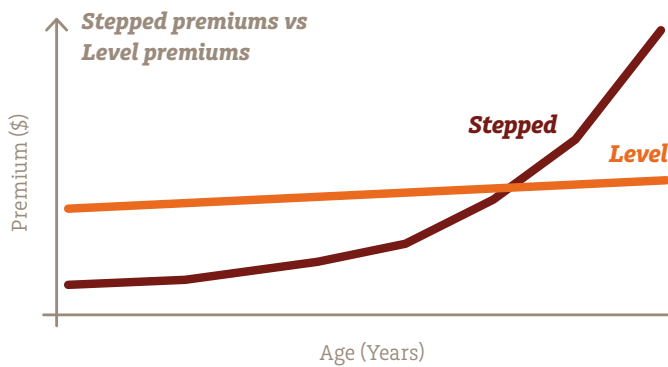
For the claim structures available on each insurance see key information about your insurance on pages 12 - 26.

Our offer

Premium structures you can choose

We offer three types of premium structures that you can choose from:

- **Stepped premiums** – which changes each year to reflect the increasing likelihood of claim as you age,
- **Decreasing cover** – similar to stepped premiums however your premium stays the same while your sum insured changes each year to reflect the increasing likelihood of claim as you age, and
- **Level premiums** – which spreads out the increasing likelihood of claim as you age by charging more at the start of the insurance, but less in the later years of the insurance.



For stepped and level premium types inflation-linked increases to the sum insured will also increase the premiums. We may also need to change rates in the future, which would change the premiums you pay.

Inflation-linked increases are not available for decreasing cover.

For more information about stepped premiums, decreasing cover and level premiums, please see pages 33 - 34.

What your insurance includes

In this PDS you will find the following information about your insurance:

Benefit(s)	Are what we pay when a claimable event occurs. The benefit paid may be the full sum insured, a proportion of the sum insured, or another amount. Benefits can be either a one-off payment (lump sum), or a monthly payment for a period of time, or until you're no longer disabled. There may be more than one benefit available under your insurance, to cover different needs.
Setting(s)	Are a required selection for TPD, Income Protection and Business Expenses (that you select when you apply) which determines when benefits will be paid. Details on these settings can be found under the relevant insurance.
Feature(s)	Are built into your insurance. Some features will automatically apply to you, while others are available to be "turned on" according to the terms and conditions for that feature.
Option(s)	Are available for you to select when you take out your insurance. There are two types of options: <ul style="list-style-type: none"> • Options that expand your insurance, and increase your premiums, or • Options that limit when you can claim, and reduce your premiums.

What you need to know about the risks

There is a risk that the insurance you choose won't meet your needs.

Your financial adviser can assess your circumstances and help you choose insurance to suit your needs and the sum insured.

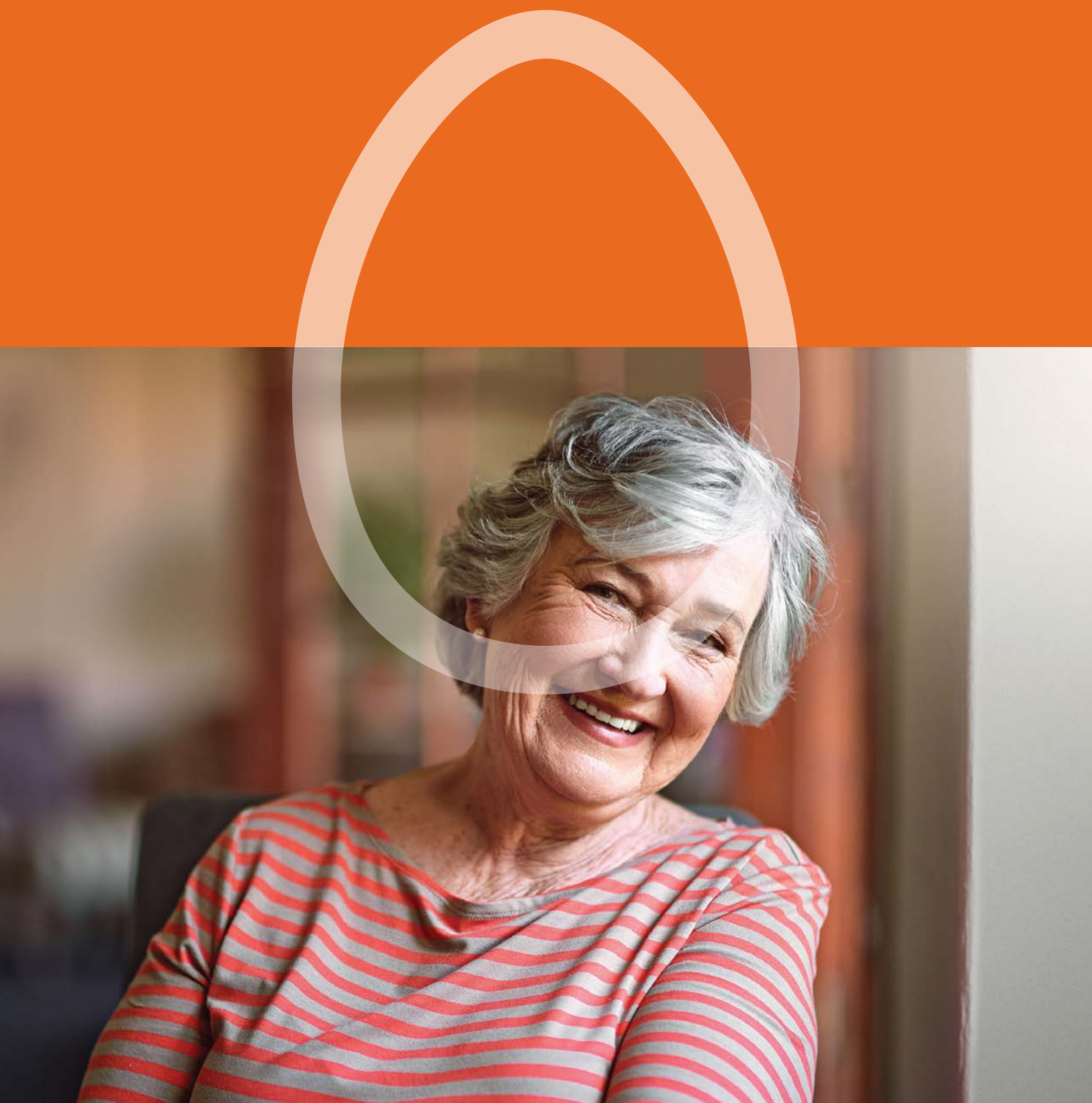
It's important to consider your future needs now as you may not qualify for some insurances if your circumstances change.

Need help?

Please speak with your financial adviser or call us on **132 652**.

2

Key information about
your insurance



Life Cover insurance

Provides financial support for your family or business if you die or you're diagnosed with a terminal illness

Application age (next birthday)

Level premiums

(*inside and outside super*): 16-60

Stepped premiums or decreasing cover:

outside super: 11-70

inside super: 16-65

For Terminal Illness Support insurance option:

19-60

(not available with decreasing cover)

For Business Safeguard Option:

19-60

(not available with decreasing cover)

Expiry age (insurance expires on the policy anniversary after reaching the age noted below)

Level premiums

(*inside and outside super*): 65 (at which time a continuation option is available to continue as stepped premiums – see below)

Stepped premiums or decreasing cover:

outside super: 100

inside super: on your 75th birthday (at which time a conversion option is available to continue as a non-super policy, which expires at the Review Date after age 100). You'll find more information on page 38.

For Terminal Illness Support insurance option:

65

For Business Safeguard Option: 65. You'll find more information on pages 48 - 49.

Minimum sum insured

\$25,000

Maximum sum insured

No general maximum, but special terms may apply for benefits greater than \$15 million.

For Terminal Illness Support insurance option: Lesser of \$250,000 and 50% of Life Cover insurance

For Business Safeguard Option:

\$15,000,000

To what age can you renew your insurance?

Level premiums: guaranteed renewable up to age 65 (then a continuation option is offered for stepped premiums)

Stepped premiums or decreasing cover: guaranteed renewable up to age 100

Claim structures available

Stand-alone



Extension/Connection



See page 46.

Types of Life Cover insurance

LC+ Life Cover Plus

Life Cover Plus provides our highest level of insurance.

LC Life Cover Standard

Life Cover Standard provides our standard level of insurance.























Life Cover insurance settings you choose

There are no settings for Life Cover insurance.

Life Cover insurance - Benefits, Features and Options

Details are available at the page number listed.

 Available on Life Cover Plus and Life Cover Standard  Available on Life Cover Plus only

Benefit(s)		Feature(s)		Option(s)	
 Life Cover Benefit Pages 53 - 54		 Increases without further medical evidence Pages 52 - 53		 Terminal Illness Support insurance Page 56	
 Terminal Illness Benefit Pages 55 - 56				 Business Safeguard Option Pages 48 - 49	
 Accidental Injury Benefit Page 47				 Premium Waiver insurance Page 55	
 Advance Death Benefit Pages 47 - 48				 Inflation Linked Option Pages 34 - 35	
 Financial Planning Benefit Page 52				 Continuation Option for level premium Page 50	

There are some types of insurance benefits, features and options you can no longer have inside super. This table refers to the insurance benefits, features and options not available after 30 June 2014, or where a modified definition applies. It doesn't impact you if you already had Life Cover insurance prior to this date.

Insurance benefits, features and options	Changes
Accidental Injury Benefit Page 47	If you have an LCS policy or a PPP policy owned by an SMSF and your Life Cover insurance first commenced after 30 June 2014 then you must also be Permanently Incapacitated as defined on page 90 to be eligible for an Accidental Injury Benefit.
Advance Death Benefit Pages 47 - 48	After 30 June 2014 this benefit isn't available for new Life Cover insurance under a PPP policy owned by an SMSF.
Financial Planning Benefit Page 52	
Increases without further medical evidence Pages 52 - 53	After 30 June 2014, Revenue Protection (Key Person) insurance isn't available for new Life Cover insurance under a PPP policy owned by an SMSF.
Business Safeguard Option Pages 48 - 49	
Terminal Illness Benefit Pages 55 - 56	If you have an LCS policy or a PPP policy owned by an SMSF and your Life Cover insurance first commenced after 30 June 2014 then a modified definition of Terminal Illness applies, see page 90.
Terminal Illness Support insurance option Page 56	

Total and Permanent Disability (TPD) and Loss of Independence insurance

Helps you financially if you suffer Total and Permanent Disability or Loss of Independence

Application age (next birthday)

Stand-alone and Extension to Life Cover:

Level premiums: 16-55

Stepped premiums or decreasing cover:

16-60 (stand-alone not available with decreasing cover)

For Business Safeguard Option:

Level premiums: 19-55

Stepped premiums or decreasing cover:

19-60 (Business Safeguard Option is not available with decreasing cover)

Expiry age (insurance expires on the policy anniversary after reaching the age noted below)

Stand-alone and Extension to Life Cover:

Level premiums: 65 (at which time a continuation option is available to continue as stepped premiums – see below)

Stepped premiums or decreasing cover:

outside super: 100

inside super: your 75th birthday (at which time a conversion option is available to continue as a non-super policy which expires at the Review Date after age 100).

You'll find more information on page 38.

For Business Safeguard Option (inside and outside super): 65.

You'll find more information on page 48 - 49.

Minimum sum insured


\$25,000


Maximum sum insured

\$5,000,000 for certain professional occupations such as surgeons, accountants and solicitors.

\$3,000,000 for other occupations see page 56.

Claim structures available

Stand-alone 
(outside super only)



Extension/Connection 
See page 46.

Types of TPD and Loss of Independence insurance


There is only one type of TPD and Loss of Independence insurance.

TPD and Loss of Independence insurance settings you choose

More information is available at the page number listed under each definition.

Definition setting		Overview
Own Occupation Pages 83 - 85		When assessing your claim, we'll assess your likely ability to work again based on your own occupation, even if you may be able to work in another occupation.
Any Occupation Pages 82 - 83		We'll assess your likely ability to work again based not only on your occupation, but also any occupation that you're reasonably suited to by way of education, training or experience.











From the Review Date after you turn 65, the definition used to assess your claim will change to Loss of Independence

Loss of Independence Page 85		After age 65, your eligibility to be paid a benefit will be assessed on non-work based criteria.
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Extra conditions apply if your TPD insurance is inside super, refer to Permanent Incapacity on page 90.

TPD and Loss of Independence insurance - Benefits, Features and Options

Details are available at the page number listed.

Benefit(s)	Feature(s)	Option(s)
TPD and Loss of Independence Benefit Page 56 	Increases without further medical evidence Pages 52 - 53 	Life Cover Buy Back (Extension/Connection only) Pages 54 - 55 
Partial Payment Benefit Page 55 		Business Safeguard Option Pages 48 - 49 
Death Benefit (TPD stand-alone only) Page 52 		Inflation Linked Option Pages 34 - 35 
Financial Planning Benefit Page 52 		Premium Waiver insurance Page 55 
		Continuation Option for level premium Page 50 

There are some types of insurance benefits, features and options you can no longer have inside super. This table refers to the insurance benefits, features and options not available after 30 June 2014, or where a modified definition applies. It doesn't impact you if you already had TPD and Loss of Independence insurance prior to this date.

Insurance benefits, features and options	Changes
TPD and Loss of Independence Benefit Page 56	If you have an LCS policy or a PPP policy owned by an SMSF and your TPD and Loss of Independence insurance first commenced after 30 June 2014 then you must also be Permanently Incapacitated as defined on page 90 to be eligible for this benefit.
Financial Planning Benefit Page 52	After 30 June 2014 this benefit isn't available for new TPD and Loss of Independence insurance under a PPP policy owned by an SMSF.
Partial Payment Benefit Page 55	
Own Occupation definition Pages 83 - 85	After 30 June 2014 this benefit isn't available for new TPD and Loss of Independence insurance under an LCS policy or a PPP policy owned by an SMSF.
Increases without further medical evidence Pages 52 - 53	After 30 June 2014, Revenue Protection (Key Person) insurance isn't available for new TPD and Loss of Independence insurance under a PPP policy owned by an SMSF.
Business Safeguard Option Pages 48 - 49	

Critical Illness insurance

Helps you financially if you become critically ill

Critical Illness insurance is only available under PPP. After 30 June 2014, new Critical Illness insurance is not available to policies owned by SMSFs.

Application age (next birthday)

19-60

For TPD as a critical condition option (not available for stand-alone):

Level premiums: 19-55

Stepped premiums or decreasing cover: 19-60

Expiry age (insurance expires on the policy anniversary after reaching the age noted below)

Level premiums and cover for TPD as a critical condition option: 65

Stepped premiums or decreasing cover: 75

Minimum sum insured

\$25,000

Maximum sum insured

\$2,000,000

To what age can you renew your insurance?

Level premiums: guaranteed renewable up to age 65 (then a continuation option is offered for stepped premiums)

Stepped premiums or decreasing cover: guaranteed renewable up to age 75

Claim structures available

Stand-alone ✓

Extension/Connection ✓

See page 46.

Types of Critical Illness insurance

CI+ Critical Illness Plus

Critical Illness Plus provides our highest level of insurance with the most conditions insured.

Your critical illness definitions will only change where we improve them in your favour.

CI Critical Illness Standard

Critical Illness Standard provides our standard level of insurance, which insures the most common medical conditions. It cannot be taken out as stand-alone insurance.

While we may make improvements to the critical illness definitions in your favour, we may also change the types of critical illness and critical illness definitions as advances are made in treatment and diagnostic techniques, to ensure they:

- remain appropriate with regard to medical terminology and classification;
- take into account effective cures, vaccines and modern diagnostic procedures;
- include some diseases considered appropriate in the future; and
- exclude some diseases which are found to have become minor in the future.

We will let you know if we make a change. Changes will apply to all policy holders. You won't be singled out for a change.

For more information see page 49.

Important information about Critical Illness insurance

Where you make a critical illness claim for cancer, a heart attack or a stroke, we will assess your claim against the most favourable of:

- the applicable definition in our PDS/Policy Document linked to the full benefit amount; and
- if different, the corresponding medical definition in the Life Insurance Code Of Practice (The Code) (or other minimum standard endorsed in final form by the Financial Services Council and that we accept) that is current at the time the claimable event occurs.

Critical Illness insurance settings you choose

There are no settings for Critical Illness insurance.

Critical Illness insurance - Benefits, Features and Options

Details are available at the page number listed.

Available on both Critical Illness Plus and Critical Illness Standard

Available on Critical Illness Plus only

Benefit(s)		Feature(s)		Option(s)	
<p>Critical Illness Benefit Page 18 and pages 51 - 52</p>	<p>Outside Super</p>	<p>Increases without further medical evidence Pages 52 -53</p>	<p>Outside Super</p>	<p>Extra benefits option</p> <ul style="list-style-type: none"> • Partial Benefits • Critical Illness Buy Back <p>Pages 20 - 21</p>	<p>Outside Super</p>
<p>Child Support Benefit Pages 49 - 50</p>				<p>Any Occupation TPD and Partial Payment Benefit (Extension/Connection only) Pages 82 - 83 and page 55</p>	
<p>Death Benefit (Stand-alone only) Page 52</p>				<p>Own Occupation TPD and Partial Payment Benefit (eligible occupations only) (Extension/Connection only) Pages 83 - 85 and page 55</p>	
<p>Financial Planning Benefit Page 52</p>				<p>Life Cover Buy Back (Extension/Connection only) Page 54</p>	
			<p>Inflation Linked Option Pages 34 - 35</p>		
			<p>Premium Waiver insurance Page 55</p>		
			<p>Continuation Option for level premium Page 50</p>		

There are some types of insurance benefits, features and options you can no longer have inside super. This table refers to the insurance benefits, features and options not available after 30 June 2014, or where a modified definition applies. It doesn't impact you if you already had Critical Illness insurance prior to this date.

Insurance benefits, features and options	Changes
<p>Own Occupation and Partial Payment Benefit for TPD (eligible occupations only) Pages 83 - 85 and page 55</p>	<p>This definition doesn't apply if the insurance first commenced after 30 June 2014 and the policy is owned by an SMSF.</p>

Critical Illness insurance

What critical conditions are insured?

Insurance for some critical conditions starts after the Qualifying Period. This means that you won't be insured for conditions that first appear, first happen or are first diagnosed in the Qualifying Period.

You are deemed to meet a critical condition when the condition is first diagnosed as meeting its definition or, for surgical conditions, when the surgery is actually performed. An appropriate Specialist and our medical adviser must both agree that the definition for that condition has been fully met. In some cases a condition must progress to a certain point before it meets the definition.

The following table sets out the critical conditions insured by Critical Illness Standard and Plus, and their Qualifying Periods. The detailed definitions can be found in the Key medical and disability definitions section on pages 74 - 85.

Critical Conditions	Critical Illness Standard	Critical Illness Plus	Qualifying Period
Aorta Repair – excluding less invasive surgeries		Y	3 months
Aplastic Anaemia – of specified severity		Y	
Bacterial Meningitis – of specified severity		Y	
Benign Brain Tumour – of specified severity		Y	
Blindness – of specified severity		Y	
Cancer – excluding specified early stage cancers	Y	Y	Standard: 6 months Plus: 3 months
Cardiomyopathy – of specified severity		Y	
Chronic Kidney Failure – requiring permanent dialysis or transplantation		Y	
Chronic Liver Failure – of specified severity		Y	
Chronic Lung Failure – of specified severity		Y	
Coma – with specified criteria		Y	
Coronary Artery Angioplasty*		Y	3 months
Coronary Artery Angioplasty - Triple Vessel		Y	3 months
Coronary Artery Bypass Surgery – excluding less invasive procedures	Y	Y	3 months
Deafness – permanent		Y	
Dementia or Alzheimer's Disease – permanent and of specified severity		Y	
Encephalitis – of specified severity		Y	
Heart Attack – with evidence of severe heart muscle damage	Y	Y	3 months
Heart Valve Surgery – of specified severity		Y	3 months
HIV Contracted Through Medical Procedures		Y	
HIV Contracted Through Your Work		Y	
Intensive Care – requiring continuous mechanical ventilation for 10 days		Y	
Loss of Independence – of specified severity	Y	Y	
Loss of Speech – total and permanent		Y	
Major Brain Injury – of specified severity		Y	

Critical Conditions	Critical Illness Standard	Critical Illness Plus	Qualifying Period
Major Burns – of specified severity		Y	
Major Organ or Bone Marrow Transplant		Y	
Meningococcal Septicaemia – of specified severity		Y	
Motor Neurone Disease		Y	
Multiple Sclerosis – of specified severity		Y	
Muscular Dystrophy – unequivocal diagnosis		Y	
Open Heart Surgery		Y	
Out of Hospital Cardiac Arrest		Y	
Parkinson's Disease – of specified severity		Y	
Paralysis		Y	
Pneumonectomy – complete removal of entire lung		Y	
Primary Pulmonary Hypertension – of specified severity		Y	
Severe Diabetes – of specified severity		Y	
Severe Osteoporosis – before age 50 and of specified severity		Y	
Severe Rheumatoid Arthritis – of specified severity		Y	
Stroke – in the brain and of specified severity	Y	Y	3 months
Total and Permanent Disability (TPD) (optional - not available with TPD stand-alone)	Y	Y	

* Coronary Artery Angioplasty – This benefit will only apply if your Critical Illness benefit is \$100,000 or more. The benefit payable for Coronary Artery Angioplasty is 10% of your Critical Illness benefit up to \$20,000 per event. For more information on this condition, please see page 76.

Critical Illness insurance

Extra Benefits Option

If you choose Critical Illness Plus insurance you can add one of both of the following extra benefits:

- Additional critical conditions for which a partial benefit is payable
- Critical Illness Buy Back – an option to buy back your Critical Illness insurance

Additional critical conditions for which a partial benefit is payable

You'll be paid a partial (20%) benefit for the additional critical conditions insured, subject to a minimum benefit of \$10,000 and the maximum partial benefit payable listed in the table below.

Your Critical Illness insurance will be reduced by the amount of any partial benefit payment made for these additional critical conditions.

You can only claim once for each critical condition.

The specific definition of these conditions, including the level of severity required for benefits to be payable are described on pages 74 - 81.

Additional critical conditions	Qualifying Period	Maximum partial benefit
Adult Onset Insulin Dependent Diabetes Mellitus		\$100,000
Advanced Endometriosis – of specified severity		
Carcinoma In Situ of the Breast – of specified severity	3 months	
Deafness in One Ear – total and irreparable		
Early Stage Chronic Lymphocytic Leukaemia – of specified severity	3 months	
Early Stage Prostate Cancer – of specified severity	3 months	
Facial Reconstructive Surgery and Skin Grafting – of specified severity		
Serious Accidental Injury		
Loss of One Foot or One Hand – total and irrecoverable		
Loss of Sight in One Eye – of specified severity		
Congenital Abnormalities of a Child – of specified severity	1 year	\$50,000
Inability of a Child to Gain Independence – of specified severity	1 year	
Carcinoma In Situ of the Female Reproductive Organs – of specified severity	3 months	\$20,000
Death of a Child	1 year	
Early Stage Melanoma – of specified severity	3 months	
Orchidectomy (as Required to Diagnose Carcinoma In Situ Of the Testicle) – with specific requirements	3 months	
Specified Complications of Pregnancy	1 year	

For information on how a claim under the Extra Benefits Option affects your insurance please see pages 51 - 52.

Critical Illness Buy Back

Until the Review Date after your 75th birthday, this option allows you to apply to restore your Critical Illness insurance up to the same amount as the benefit paid (without having to provide additional evidence of health, occupation or pursuits). Your insurance can be restored one year after MLC pays your Critical Illness benefit, including a partial benefit paid under the Critical Illness Extra Benefits Option.

For more information please see pages 50 - 51.

Income Protection insurance

Helps replace part of your earnings if you can't work due to sickness or injury

Application age (next birthday)

Professional and Clerical occupations:
19-60

General and Special Risk occupations and Farmers under Farmers Package:
19-55

Expiry age (insurance expires on the policy anniversary after reaching the age noted below)

65

Minimum sum insured

A monthly benefit of \$500

Maximum sum insured

- A monthly benefit of \$30,000
- For certain occupations, a monthly benefit of \$60,000
- For Farmers under Farmers Package, a monthly benefit of up to \$5,000

You'll find more information on page 60.

To what age can you renew your insurance?

Professional and Clerical Occupations, General Occupations and Farmers under Farmers Package (PPP only): Guaranteed renewable up to age 65

Special Risk Occupations: Not guaranteed renewable up to age 65

Claim structures available

Stand-alone ✓

Extension/Connection ✗

See page 46.

Types of Income Protection insurance

IP+ **Income Protection Plus**
Income Protection Plus provides our highest level of insurance

IP **Income Protection Standard**
Income Protection Standard provides our standard level of insurance.

This type of insurance provides:

- Indemnity cover only, and
- excludes claims arising from, or contributed to by chronic fatigue syndrome, fibromyalgia, certain mental disorders and/or drug, alcohol or chemical abuse or dependency unless you are confined indoors and under continuous care. For more information see pages 60 - 61 and page 71.

For more information see page 86.

Income Protection insurance pays a benefit each month that you are totally or partially disabled or under rehabilitation.

This benefit is usually payable monthly in arrears from the end of the Waiting Period you choose.

What types of occupations are insured under Income Protection insurance?

Professional, Clerical and General Occupations	Covers people in most occupations.
Special Risk Occupations	Covers people who work in certain special risk occupations which are hazardous or present special assessment difficulties, such as armed security guards. For this type of insurance, after the first three years, we'll review your insurance each year and may offer to renew it, but we won't guarantee its renewal. The maximum benefit period available is five years.
Farmers (under the Farmers Package)	Covers principal farm owners whose farm has been in operation for a minimum of two years and has a positive balance sheet (total assets exceeding total liabilities) over the two financial years prior to application. The benefit is based on the gross farm turnover (the total revenue received by the farm business throughout the financial year prior to application).

MLC or your financial adviser can tell you your occupation category. See page 24 for what insurance benefits, features and options are available depending on your occupation category.

Income Protection insurance settings you choose

There are some restrictions to your choice of Waiting Period and benefit period depending on your occupation.

1. Choice of Waiting Period		2. Choice of benefit period		3. Choice of Indemnity or Agreed Value
Occupation	Waiting Period	Occupation	Benefit Period	
Professional Clerical General	14 days 1 month 3 months 12 months 24 months	Professional Clerical General	2 years 5 years up to age 65	<p>Indemnity cover - Your monthly benefit may be reduced because of a change in your Earnings.</p> <p>Agreed Value cover - Your monthly benefit won't be reduced because of a change in your Earnings. Agreed Value cover will cost more than Indemnity cover for this reason.</p> <p>Both are available on Income Protection Plus.</p> <p>Income Protection Standard provides Indemnity cover only.</p>
Special Risk	14 days 1 month 3 months	Special Risk	2 years 5 years	
Farmers (Farmers Package)	1 month 3 months 12 months	Farmers (Farmers Package)	2 years 5 years	
<p>There is a Waiting Period before your benefit is paid.</p> <p>A shorter Waiting Period means your benefit will be paid sooner.</p> <p>Your premiums will cost more for shorter Waiting Periods.</p>		<p>You'll receive your monthly benefit for your chosen benefit period.</p> <p>A longer benefit period means your benefit can be paid for a longer period of time.</p> <p>Your premiums will cost more for longer benefit periods.</p>		
For details see page 91.				For details see pages 60 - 61.










Income Protection insurance

Income Protection insurance - Benefits, Features and Options

Details are available at the page number listed.

 Available on both Income Protection Plus and Income Protection Standard

 Available on Income Protection Plus only

Benefit(s)		Feature(s)		Option(s)	
 Total Disability Benefit Page 86		 Premium Waiver Page 69		 Extra Benefits Option Pages 64 - 65	Benefit during the Waiting Period Page 64
 Partial Disability or Rehabilitation Benefit Page 86		 Return to work during the Waiting Period Page 62			Accommodation Benefit Page 64
 Rehabilitation Expenses Page 69		 Waiting Period Conversion (not available for Special Risk occupations) Pages 69 - 70			Transportation Benefit Page 65
 Rehabilitation Bonus Page 69		 Recurring Disability Benefit Page 69			Home Assistance Page 65
 Death Benefit Page 67		 Increases without further medical evidence (not available for Special Risk occupations) Pages 67 - 68			Double benefits for specified conditions Pages 64 - 65
 Elective Surgery Benefit Page 67		 Extended Cover Renewable to age 70 (not available for Special Risk occupations) Page 67			Advance payment for certain injuries Page 64
 Child Support Income Benefit Pages 66 - 67					No Claim Bonus Page 65
				 Indexed Claims Benefits Page 68	
				 Short Waiting Period for Accidental Injury Page 69	
				 Occupational HIV, Hepatitis B or C Lump Sum Benefit (for certain occupations only) Pages 68 - 69	
				 Inflation Linked Option Pages 34 - 35	

Options that reduce premiums	
<p>Indemnity Option (not available under the Farmers Package) Page 61</p>	
<p>HIV/AIDS Exclusion Discount Page 67</p>	
<p>Non-Occupational Cover Option (for Special Risk occupations only) Page 68</p>	

There are some types of insurance benefits, features and options you can no longer have inside super. This table refers to the insurance benefits, features and options not available after 30 June 2014, or where a modified definition applies. It doesn't impact you if you already had Income Protection insurance prior to this date.

Insurance benefits, features and options	Changes
<p>Total Disability Benefit Page 86</p>	<p>If you have an LCS policy or a PPP policy owned by an SMSF and your Income Protection insurance first commenced after 30 June 2014 then you must also satisfy a period of Temporary Incapacity, as defined on page 91.</p>
<p>Partial Disability or Rehabilitation Benefit Page 86</p>	
<p>Benefits where a prior period of Total Disability is not required for Partial Disability or Rehabilitation Page 87</p>	<p>After 30 June 2014 this benefit isn't available for new Income Protection insurance under a PPP policy owned by an SMSF.</p>
<p>Rehabilitation Expenses Page 69</p>	
<p>Rehabilitation Bonus Page 69</p>	
<p>Child Support Income Benefit Pages 66 - 67</p>	
<p>Extra Benefits Option Pages 64 - 65</p>	
<p>Occupational HIV, Hepatitis B or C Lump Sum Benefit Pages 68 - 69</p>	

Business Expenses insurance

Helps keep your business going if you can't work due to sickness or injury

Business Expenses insurance is only available under PPP. After 30 June 2014, for SMSFs new Business Expenses insurance is not available under a PPP policy.

Application age (next birthday)

Professional and Clerical occupations:
19-60

General occupations: 19-55

Not available for Special Risk Occupations.

Expiry age (insurance expires on the policy anniversary after reaching the age noted below)

65

Minimum sum insured

A monthly benefit of \$500

Maximum sum insured



A monthly benefit of \$60,000

To what age can you renew your insurance?

Professional and Clerical Occupations and General Occupations :

Guaranteed renewable up to age 65

Claim structures available

Stand-alone 
 Extension/Connection 
 See page 46.

Types of Business Expenses insurance

There is only one type of Business Expenses insurance





Business Expenses setting you choose

Choice of Waiting Period

You can choose a Waiting Period of 14 or 30 days.

Business Expenses insurance - Benefits, Features and Options

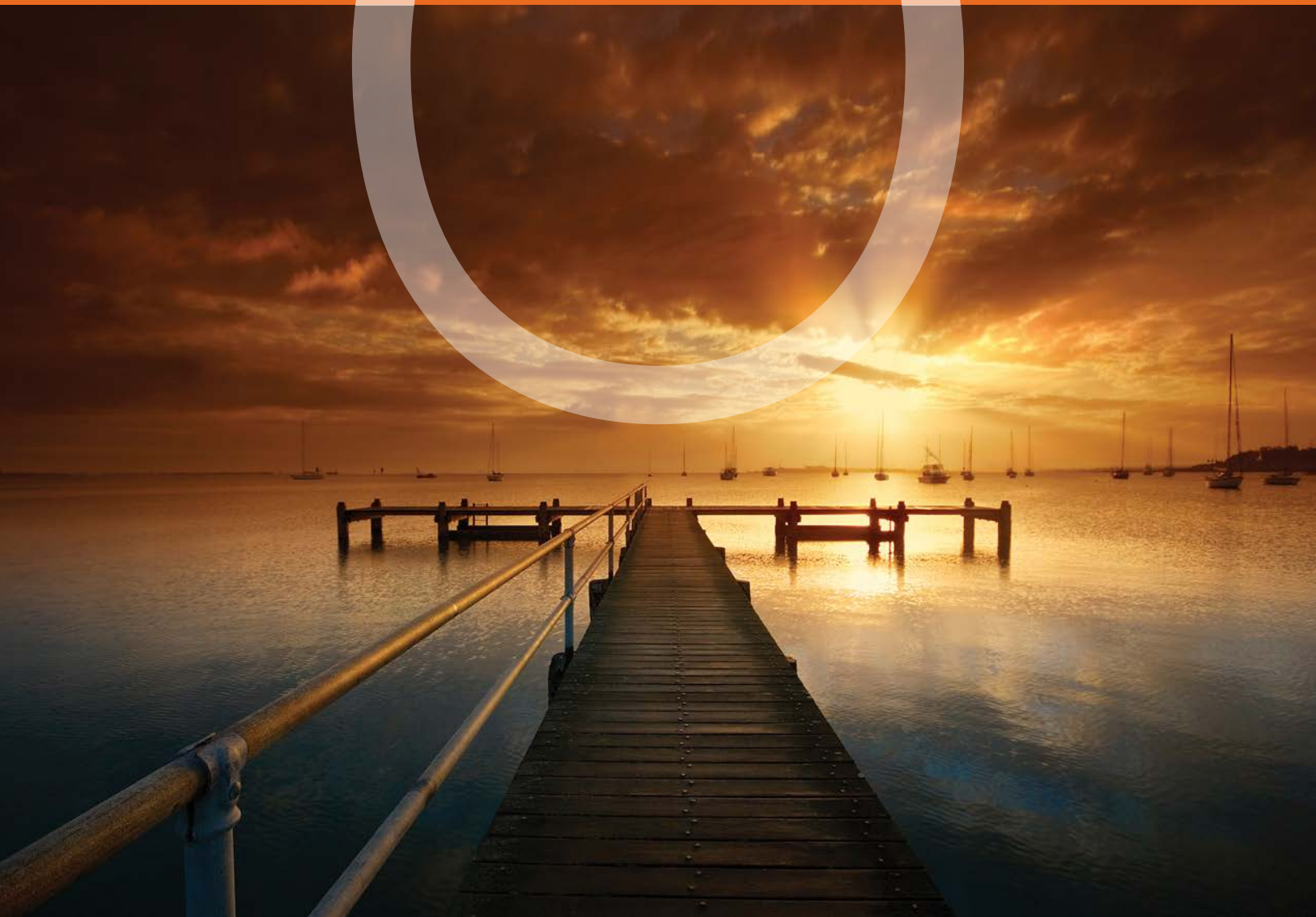
More information is available at the page number listed under each benefit

Benefit(s)		Feature(s)		Option(s)	
Business Expenses Benefit Page 86 Death Benefit Page 67		Premium Waiver Page 69		Inflation Linked Option Pages 34 - 35	
		Recurring Disability Benefit Page 69			
		Return to work during the Waiting Period Page 62			
Options that reduce premiums					
				HIV/AIDS Exclusion Discount Page 67	

If you have a PPP policy owned by an SMSF and your Business Expenses insurance first commenced after 30 June 2014 then you must also satisfy a period of Temporary Incapacity, as defined on page 91.

3

Your insurance journey



Your insurance journey

1. Choosing and buying your insurance

MLC offers a range of insurance to meet your needs. You'll need to choose the type of insurance you need and the amount (known as the sum insured).

Your financial adviser can help you choose the insurance that is right for you and will provide you with a Statement of Advice, a quote for how much the premiums will cost, a copy of this PDS for you to read, and can assist you in completing the application.

Specific information you need to know:

- How to apply
- Nominating beneficiaries
- Appointing your authorised representative
- Payments to financial advisers and third parties

2. Assessment and underwriting

We'll assess your individual circumstances to determine if we can provide insurance, and if we need to apply special terms to your insurance.

We'll get in touch with you if we have any questions about your application.

Specific information you need to know:

- How your application is assessed
- Temporary insurance you have while we assess your application (Interim Accident Insurance)

3. Your insurance policy

When we accept your application we'll issue your policy. You will receive:

- an insurance policy document, which sets out the terms and conditions of your insurance, and
- a schedule which sets out details of what you're insured for (including the sum insured, specific settings and options selected, special terms that you have, etc).

4. Paying your premiums

Your premium is the amount you pay for your insurance. We'll recalculate your premiums each year and we'll send you a new policy schedule with details of your insurance for the year ahead, including your premium amount.

Specific information you need to know:

- What are premiums
- How much is your premium
- Paying your first premium
- Minimum premiums
- Choosing your premium structure
- Payment methods
- Inflation Linked Option
- Changes to your premium
- What happens if your premium isn't paid
- Refunding your premiums when you cancel your insurance
- Premiums inside super - super contributions
- Policy fees
- Family law changes
- Government charges

In this section you will find:

- Specific information you need to know about each stage of your insurance journey, as well as
- important legislative, regulatory and procedural information about your insurance.

5. Updating your insurance

We will review your insurance and update it from time to time. You should also review your insurance with your financial adviser and make changes in line with your change in needs.

Specific information you need to know:

- Guarantee of upgrade
- Changing your insurance
- Renewing your insurance
- Insurance in super - continuing your policy past age 65
- Transferring your insurance between non super and super policies
- Converting Life Cover Super policies
- Replacing your existing insurance
- Cancelling your insurance

6. Making a claim

You or your beneficiaries can make a claim if a claimable event occurs while you're insured.

If you or your beneficiaries need to make a claim please call us on **1300 125 246** as soon as possible. We'll send out the necessary paperwork.

Specific information you need to know:

- How to claim

7. Paying benefits

If your claim is approved the benefit is paid. The insurance terms and conditions describe when the benefit paid will be:

- The sum insured for that insurance, or
- A proportion of the sum insured, or
- Another specified amount.

Specific information you need to know:

- Benefits for all your insurance
- Benefits for insurance in super and the conditions of release

In addition, this section has the following legislative, regulatory and procedural information about your insurance that you need to know:

- taxation
- the Life Insurance Code of Practice
- resolving complaints

1. Choosing and buying your insurance

Below is some important information about how to apply, how you can choose who receives death benefits, and what payments we make to your financial adviser and other third parties.

How to apply

To apply for your insurance, please complete the application form which has been included with this PDS.

For Life Cover Super, your application is made to the Trustee, who applies to us for insurance on your behalf.

For insurance held by a SMSF Trustee, the Trustee has to complete the application as the policy owner.

A LCS policy can only cover one life insured.

A PPP policy can cover up to six lives and each life insured can have different types of insurance and levels of cover.

You will need the assistance of a financial adviser to apply for your insurance.

They can help you with each step of the application process, including preparing a quote, completing and submitting the application, and following up any additional requirements we may have.

Nominating a beneficiary for insurance outside super

Who receives your death benefit?

On your application form, you can nominate up to six beneficiaries to receive your death benefit along with the portion you'd like each beneficiary to receive. Benefits paid for Terminal Illness and Accidental Injury will be paid to you.

If any of your beneficiaries die before you, the nomination is cancelled.

If you don't nominate a beneficiary, your death benefit will be paid to the policy

owner or your estate, unless we're legally required to pay the benefit to someone else.

If the policy owner changes (for instance if you move your insurance from non-super to super insurance) your nomination will be automatically cancelled.

Nomination of a beneficiary is only available for any insurance taken out for non-business purposes. Generally, non-business purposes mean that the beneficiary does not pay an amount of money or other consideration to become nominated.

What happens if there's more than one policy owner?

If there are multiple policy owners, they own it jointly. If one policy owner dies, the policy will be owned by the remaining policy owner, or jointly owned by all the remaining policy owners.

If all policy owners have died, we'll pay any benefits to the estate of the policy owner who died last, unless legally required to pay someone else.

Please speak with your financial adviser for more information.

Nominating beneficiaries

It's important to keep your beneficiary nomination up to date with changes in your personal circumstances.

You can cancel or change your nomination at any time by completing the Beneficiary Nomination Form available at mlcinsurance.com.au/using-your-insurance/forms-and-documents or call **132 652** to request the form.

You should speak with your financial adviser, estate planner or legal

representative to determine which type of nomination will best suit your circumstances and how the tax rules apply to your beneficiaries.

Nominating a beneficiary for insurance inside super

Your death benefit will be paid to the Trustee who will pay it according to super law.

Your beneficiary nominations need to be lodged with the Trustee.

Please refer to your Trustee for beneficiary nomination options that may be available to you.

Details will be available on your super provider's website, PDS, or trust deed.

Please note: For Personal Protection Portfolio, nominations cannot be made by Trustees of a trust or self-managed super fund.

Appointing your authorised representative

You may appoint an authorised representative to access information about the policy on your behalf with a written request, or by completing the Change of Policy Details Form available at mlcinsurance.com.au/using-your-insurance/forms-and-documents. This person is not permitted to perform any other actions in respect of the policy. The appointment is valid until changed or cancelled in writing by you (in a form acceptable to us), or until the policy is cancelled. It is your responsibility to change your authorised representative if your circumstances change.

1. Choosing and buying your insurance

Payments to financial advisers

We have an agreement with your financial adviser to pay commission which is based on the premium paid.

This commission isn't an additional cost to you. If you don't have a financial adviser, your premium won't be less.

The actual remuneration your financial adviser receives, including any commission, will depend on your financial arrangement with them and will be disclosed to you by them as required by law.

Third party payments

MLC may also pay third parties for the distribution, promotion or marketing of MLC's insurance products.

These third parties may include licensees (with whom your financial adviser is a representative).

Any such payment made by MLC to a third party is not an additional cost to you.

If applicable, any additional payments will be disclosed to you in the relevant Financial Services Guide which the third party must provide to you.

2. Assessment and underwriting

Below is some important information about how we assess your application, and temporary insurance that we offer while we are assessing your application

How is your application assessed?

We'll assess your application, taking into account your occupation, lifestyle, leisure activities and medical history, to decide whether (and on what terms and conditions) insurance can be offered to you.

In some cases you may not be eligible for the insurance you ask for, or we might offer you insurance at a higher premium, or with an exclusion (for example, if you take part in a hazardous sport or have an existing health problem), or offer other alternative terms.

We may telephone you to help assess and process your application.

Depending on the insurance you apply for, we may need additional financial and medical information.

We may also ask you to undergo a medical examination or test.

We'll pay for any medical information asked for during the application process (including extraordinary travel costs agreed in advance and the production of any report), unless we tell you otherwise.

We may also need to write to your Doctor seeking additional information (authorised by you).

We are legally required to send all communications about your policy to the policy owner. However, if the policy owner is different to you, the life insured, we will not communicate personal medical information about you to them unless you give consent for this.

We'll update your adviser with the progress of your application. If your application isn't accepted we'll let you know at the earliest possible time.

You must let MLC know if any information you give on your application changes before MLC has issued a policy (for instance, if you become ill or have an Accident). If you do not, the insurance policy may not be valid. This also applies to applications to extend, vary or reinstate the policy.

Interim Accident Insurance

While we assess your application, you'll have a temporary insurance for each type of insurance you apply for, which will insure you for accidental events during this period. This insurance is called **Interim Accident Insurance**.

For all the important information about this insurance, including when it starts, what it does and does not insure, and when it will end, please see the Interim Accident Insurance Certificate on pages 98 and 99.

3. Your insurance policy

Below is some important information about when your insurance starts, and what happens if you change your mind after the insurance starts.

When your insurance starts

All the terms and conditions of your insurance are effective from the start date shown in your Policy Schedule.

What if you change your mind - the cooling off period?

If you give us a written request to cancel within the cooling off period, we'll refund premiums that you've paid.

The cooling off period is 14 days from the earlier of:

- you receiving the first Policy Schedule; or
- the end of the 5th day after the day on which your first Policy Schedule was issued.

For insurance inside super, any refund will be paid to the Trustee.

However, if you make an alteration or claim on your insurance during these 14 days, this will confirm your acceptance of your insurance and we won't refund any premiums paid.

4. Paying your premiums

Below is some important information about premiums and other charges.

What are premiums?

Your premium is the amount of money we charge for the insurance we provide.

Your premium for the types and amounts of insurance you initially apply for will be calculated by your financial adviser and confirmed by us.

If you don't have a financial adviser, please call us on **132 652** and we can put you in touch with one.

How much is your premium?

Your premium will depend on your individual circumstances including, but not limited to your:

- choice and combination of insurances;
- age at the start of your insurance and chosen premium structure;
- gender;
- occupation – we or your financial adviser can provide you with more information;
- smoking status – premiums are generally higher for smokers than non-smokers;
- medical history – the state of your health and/or your family medical history;
- lifestyle and leisure activities – the greater the risk of the activities you undertake, the higher the premium;
- frequency of premium payments and applicable policy fee; and
- financial arrangement agreed with your financial adviser.

Your initial premium will be stated in your Policy Schedule.

Paying your first premium

If you pay your first premium before the policy is issued by direct debit, credit card or cheque, the payment will be held in a trust account until your application has been accepted or declined.

We will keep any interest earned on this money.

If your application is declined, we'll refund any premium you may have paid to you or, if required by super law, to your super account.

Minimum premiums

The minimum premium for both your initial insurance and for subsequent changes, excluding policy fees, will be:

Frequency of premium payments	Minimum premium (for new applications)	Minimum premium (for increases to existing insurance)	Minimum premium (for TPD and Critical Illness as a connected benefit only)
Monthly	\$20	\$10	\$10
Half-Yearly	\$130	\$65	\$65
Yearly	\$250	\$125	\$125

Choosing your premium structure

Once you've chosen the type of insurance you want you can choose which premium structure best suits you.

You can choose from:

- level premiums
- stepped premiums, or
- decreasing cover.

You can make different selections for different types of insurance. However, if you purchase Critical Illness or Total and Permanent Disability and Loss of Independence insurance as part of your Life Cover or as a Connected Benefit, the premium structure(s) chosen must be the same as for Life Cover. You can also choose to split your insurance between different premium structures for the one type of insurance.

What are level premiums?

Level premiums spread out the increasing likelihood of claim as you age by charging more than stepped premiums at the start of the insurance, but less than stepped premiums in the later years of the insurance.

4. Paying your premiums

Your sum insured remains the same and your premium will be based on your age at the start date of your insurance.

When you renew your insurance, your premiums will only vary if a change is made to our premium rates.

Any increase in sum insured, including inflation-linked increases (see pages 34 - 35), will increase the premiums and that increase will be calculated using the stepped or level rates applicable to you, based on your age at the date of the increase (for the increased component only).

At the Review Date following age 65, you have the option to continue your insurance (see page 50) on a stepped premium.

What are stepped premiums?

Stepped premiums change each year to reflect the increasing likelihood of claim as you age.

Your sum insured remains the same and your premiums will vary each year depending on your age and our premium rates at the time, subject always to any inflation-linked increases (see pages 34 - 35), variations and other increases to your sum insured.

What is decreasing cover?

This premium structure is similar to stepped premiums, however your premium remains the same, while your sum insured varies each year depending on your age and our premium rates at the time.

Decreasing cover is not available for TPD stand-alone, Income Protection or Business Expenses insurance.

Payment methods

A range of payment methods are available and all premiums are paid in advance. Your annualised premium will be higher if you choose to pay more frequently. Monthly is the most expensive, followed by half yearly and yearly payments are the least expensive (see table).

We can change the frequency loading percentages at any time and will notify you of any material changes. Any changes will apply at your next Review Date.

MLC Life Cover Super doesn't accept contributions from:

- directed termination payments,
- superannuation lump sum rollovers,
- personal injury payments,
- small business sale proceeds, or
- transfers from overseas funds.

Frequency of payments	Payment Methods					Frequency Loadings
	Direct Debit	Credit Card	Cheque	BPay®	Eligible MLC Account*	
Monthly	Y	Y			Y	7%
Half-Yearly	Y	Y	Y	Y	Y	4%
Yearly	Y	Y	Y	Y	Y	Nil

* Only available for MLC Life Cover Super. See page 88 for a list of Eligible MLC Accounts. Only one deduction may operate on any account.

Inflation Linked Option

If you select this option, each year, on your Review Date, we'll automatically increase your sum insured to take inflation into account.

Your sum insured will increase in line with the Consumer Price Index (CPI) as follows:

- for Life Cover, TPD and Loss of Independence and Critical Illness, the minimum increase to the sum insured at any one Review Date will be the greater of the increase in CPI or 5%.
- for Income Protection and Business Expenses, the increase to the sum insured at any one Review Date will be the increase in CPI (provided you are not being paid a benefit under the policy).

Your premium will increase to reflect this change. We'll let you know about the increase one month before your Review Date.

To accept the increase, simply pay the corresponding additional premium, which will vary with the increased sum insured and your age.

If you don't want the CPI increase (in part or in full) for a particular year, please call us within two months of your Review Date.

The Inflation Linked Option isn't available for Terminal Illness Support insurance or the decreasing cover premium structure.

Changes to your premium

Your premium may change each year at your Review Date.

We may change the way we calculate premiums at any time. Because of this, your premium may increase or decrease. However, we'll:

- give you one month's written notice before premiums change
- only apply any change to your premiums on the Review Date following any change, and
- not single you out for a change in premiums.

Premium rates for each type of insurance are available upon request by calling us on **132 652**.

What happens if your premium isn't paid?

If you haven't paid your premiums in full by the date they're due you'll receive a reminder letter.

If you don't pay your outstanding premiums in full by the due date in the letter:

- we'll cancel your policy and your insurance will end, and
- any benefits payable up to the due date will be reduced by the amount of any outstanding premiums due to us.

You can apply to reinstate your policy within six months of your insurance being cancelled due to non-payment of premiums. However:

- as part of your Duty of Disclosure you must tell us, in writing, about any event that could influence our decision whether to reinstate the policy
- your policy won't be reinstated until we've approved it (we're under no obligation to approve the reinstatement), and
- payment of overdue amounts won't automatically reinstate the policy.

If your insurance isn't reinstated, we'll refund to you or, if required by the super law, to your super account, any premiums sent by you or the trustee on your behalf after your insurance was cancelled.

If your premiums aren't accepted, depending on your payment method, the premium will be returned to you or, if required by super law, to your super account, or to the Eligible MLC Account from which it was deducted.

Refunding your premium when you cancel your insurance

If you cancel your insurance and:

- you pay your premium monthly, your insurance will end on the next date we would have debited your premium if your insurance had not been cancelled, or
- you pay your premium half-yearly or yearly, your insurance will end when we receive your request to cancel your insurance. Any premium paid by you for a period after that date will be refunded to you or, if required by the super law, to your super account.

Premiums inside super – super contributions

When your insurance is held inside super, premiums you pay directly are considered to be super contributions.

While you can contribute as much as you like, you'll pay additional tax if your contributions exceed certain limits.

These limits may change from time to time.

Your contributions to pay for insurance premiums need to be added to any contributions you and your employer make for contribution cap limit purposes.

To find out the current limits and who can contribute, go to apra.gov.au or ato.gov.au

You can also speak with your financial adviser about these limits.

4. Paying your premiums

Policy Fees

The premium you pay includes a policy fee for administering your policy, which will increase every year in line with the Consumer Price Index (CPI) at the Review Date. The latest policy fee information is available on mlcinsurance.com.au

The policy fee at the preparation date of this PDS is:

Frequency of premium payments	Policy fee	Annual equivalent
Monthly	\$7.73	\$92.76
Half-Yearly	\$45.04	\$90.08
Yearly	\$86.59	\$86.59

A policy fee applies to each policy you apply for.

The policy fee will be waived on the second policy as follows:

- where you purchase TPD and Loss of Independence and/or Critical Illness insurance as a connected benefit, and the Life Cover insurance is issued on a separate policy. The policy fee will be applied to the Life Cover insurance. If the connected Life Cover insurance policy is cancelled and the connected policy remains active, the current policy fee applicable at the time will be reinstated.

MLC reserves the right to change policy fees. We'll give you one month's written notice if we do.

Family law charges

The Family Law Act helps super, life insurance and other investments to be divided between parties should there be a marriage or de facto breakdown.

We may be obliged to provide information to other parties and manage your policy in line with court orders. We reserve the right to charge the policy owner a fee if we have to comply with a Family Law injunction or order which alters the rights, liabilities or property interests of you and to recover any legal costs incurred by us in responding to matters arising from an order or injunction.

Government charges

We reserve the right to charge you an amount for any duty, tax, excise, impost, charge or deduction applied by the federal or state or territory governments as may apply to your policy and such amount will be calculated by reference to the relevant rate that applies at the time your annual premium is calculated.

There is no Goods and Services Tax (GST) charged on the premium.

5. Updating your insurance

Below is important information about how we might update your insurance over time, how you can update your insurance to suit your changing needs, and information you need to know about transferring and replacing your insurance.

Guarantee of upgrade

Whenever we improve the terms of a type of insurance you've chosen, and those improvements don't increase your premiums, we'll upgrade the terms of your policy.

Each new improvement only applies from its effective date – i.e. the date when the new definition or feature starts. So the improvement only applies to claims, health conditions and events which start or take place after the effective date.

The improvements won't apply to past or existing claims, or claims resulting from health conditions or events which started or took place before the effective date.

MLC will inform you of the effective date of any improvements to your policy. You may choose to have a claim assessed under the pre-improvement wording if you prefer.

Changing your insurance

You can at any time make a request to change your insurance (using the appropriate form), including a change to a sum insured or to add or remove a type of insurance or option. Each change is subject to our approval so we'll let you know if we've accepted or declined your request. Your premium may also change as a result of your requested change. Your financial adviser can provide the relevant forms and help you decide whether to alter your insurance.

Renewing your insurance

As long as your premiums continue to be paid, we'll generally renew your insurance each year, even if you make claims or your health worsens.

Your insurance will continue until the expiry is reached or a nominated event occurs that ends your insurance.

For some types of insurance, we will continue to renew the insurance after a claim.

For other types of insurance, after a set period of time you may be able to restore your sum insured back to the amount it was before the benefit was paid, without having to provide additional evidence of health, occupation or pursuits.

Further details on renewing insurance after a claim can be found in the Summary of the terms and conditions section of this PDS, which starts on page 46.

The following insurances are not guaranteed renewable and, after the first three years in force:

- we'll renew Critical Illness Standard insurance only on terms and conditions that apply at the time of renewal, and
- we'll renew Income Protection (if your occupation is Special Risk) insurance on a case-by-case basis.

Insurance in super - continuing your policy past age 65

When you reach age 65, there are some age-based regulations around making contributions to super. This includes meeting a work test.

You need to make sure you meet this test before making a contribution. If you don't meet the requirement, you must inform us within 14 days of making a contribution.

If you tell us you don't meet the work test, you'll be offered the opportunity to convert to a non-super policy.

Eligibility to contribute to super (Work test)

To satisfy the work test you must be Gainfully Employed on at least a part-time basis, having worked for at least 40 hours during a period of 30 consecutive days in the financial year in which the contribution is made.

This requirement may change from time to time.

5. Updating your insurance

Transferring your insurance between non-super and super policies

You can transfer your insurance between MLC Personal Protection Portfolio and MLC Life Cover Super as long as the insurance is still in place.

Transferring insurance involves replacing it with insurance on another policy. For example,

- you can replace your Life Cover insurance in your PPP policy with Life Cover insurance under a new LCS policy, to obtain the benefits of holding your insurance inside super, or
- you can transfer your insurance in your LCS policy to a new PPP policy outside super if you become ineligible to make contributions to super (see 'Converting MLC Life Cover Super policies' on this page).

In determining eligibility for insurance, the new policy will be taken to have started on the later of:

- the date similar insurance began under the original insurance policy, or
- the date the original insurance policy was last reinstated.

The amount of sum insured under the new policy won't be more than it was under the old policy at the date of conversion. Premiums under the new policy will be calculated in line with MLC's base premium rates at the time, taking into account the amount of sum insured, your age and acceptance terms of the policy.

Any beneficiary nomination made for one product doesn't apply to another product when the transfer applies.

You'll need to make a new beneficiary nomination for the new policy by completing the Beneficiary Nomination Form available on mlcinsurance.com.au/using-your-insurance/forms-and-documents or call **132 652** to request the form.

Certain restrictions apply to transfers involving insurance inside super policies and your financial adviser can help you with this.

We reserve the right to refuse a transfer application if you have made a claim or are entitled to make a claim. If we do refuse your transfer application for any reason your existing insurance will continue unless you choose to cancel or your insurance ends.

More information on transferring your MLC Life Cover Super policy to insurance outside super can be found in Converting MLC Life Cover Super policies on this page.

Converting MLC Life Cover Super policies

What is conversion?

This means your insurance inside super ends and a new policy will be issued outside super.

When does conversion happen?

You can convert your MLC Life Cover Super policy to a non-super policy at any time before you turn 75 (ie the date your MLC Life Cover Super ends).

If you pay your premiums via direct debit, credit card, cheque or Bpay[®], we have to convert the policy to a non-super policy if you become ineligible to contribute to super.

If you pay your premiums through deduction from your Eligible MLC Account, you're aged between 65 and 74, and no longer meet the work test, you can keep your MLC Life Cover Super policy as long as you've sufficient funds in your account to pay for your insurance premiums.

How does the conversion work?

On conversion, we'll cancel the MLC Life Cover Super policy held by the Trustee for you and issue you with a non-super policy with similar types of insurance and sums insured.

The policy terms and conditions will be determined at the date of conversion.

In determining eligibility for insurance, the new policy will be taken to have started on the later of:

- the date similar insurance began under the super insurance policy, or
- the date the super insurance policy was last reinstated.

The sum insured under the new policy won't be more than it was under the old policy at the date of conversion.

Premiums under the new policy will be calculated in line with MLC's base premium rates at the time; taking into account the type of insurance, the sum insured, your age and acceptance of the terms of the policy.

Any beneficiary nomination made for one life insurance product doesn't apply to the new product when a conversion applies.

You'll need to make a new beneficiary nomination for the non-super policy by completing the Beneficiary Nomination

Form available on mlcinsurance.com.au/using-your-insurance/forms-and-documents or call **132 652** to request the form.

Replacing your existing insurance

If you're replacing part or all of any insurance, you should compare the differences between the existing and replacement policies.

This way you can make sure your replacement insurance is suitable for you.

You must cancel part or all of your existing insurance that is being replaced, within 14 days after your replacement insurance with us starts. If you don't, any amount payable under your replacement insurance will be reduced by any similar amount that you, your estate or nominated beneficiary, would be entitled to receive under the insurance that was to be replaced.

Before you take steps to cancel and replace an existing life insurance policy, you should talk to your financial adviser or call us on **132 652**.

A new policy may require you to re-serve Waiting Periods, additional health exclusions may apply, and the new policy may not provide you the same insurance

Importantly, do not cancel your existing policy before your replacement insurance is in place.

Cancelling your insurance

You can cancel your insurance at any time. If you want to cancel your insurance, please call us on **132 652**.

6. Making a claim

If you need to make a claim, please call us on 1300 125 246 between 8am to 6pm (AEST), Monday to Friday, to find out what you need to do and to request the relevant forms.

How to claim

When you need to make a claim, please let us know as soon as possible, preferably within 30 days of the event entitling you to make the claim, so we can start working on it.

Any delay in notifying us may make it difficult for us to assess your claim and this could impact your Benefit.

You or your representative can call us and we'll tell you what you need to do and send you the necessary forms.

The sum insured for each type of insurance is shown in your Schedule.

Different types of insurance may have special claim requirements and we may ask for further proof or information to help in assessing your claim.

Any proof or information you are asked to provide is at your cost. However, if we need a financial audit or medical examination by a person we appoint, we'll pay for it.

If we don't accept your claim, we'll let you know our reasons.

Specific notification period for HIV Contracted Through Medical Procedures and HIV Contracted Through the Life Insured's Work

You need to notify us within 14 days of HIV being contracted.

This doesn't apply if you or the Trustee weren't legally capable of providing information about the claim during that time.

7. Paying benefits

Benefit payments for all insurance

What benefits are paid

The benefit we pay will be either:

- The sum insured, or
- A proportion of the sum insured, or
- Another specified amount

as determined by the terms and conditions of your insurance.

In the case of Income Protection and Business Expenses insurance we'll review your benefit amount regularly in line with the terms and conditions of your insurance.

The terms and conditions of the insurance must be met for benefits to be payable.

Who do we pay

The benefits will be paid to:

- You, or
- the policy owner if they are someone else (including the Trustee for insurance in super), or
- each nominated beneficiary (according to their share of the benefit), or
- your personal legal representative (Your estate) if there is no Nominated Beneficiary.

Benefits inside super – and the conditions of release

For insurance inside super, the Trustee receives any benefits payable under the policy if you make a claim.

Your Trustee will release those benefits to you if permitted under super law, which set out certain conditions of release that you have to meet.

If you don't meet a condition of release for any reason, the Trustee can't release the benefit to you.

If this happens the Trustee will hold the benefit in the Fund as a preserved benefit, until you satisfy a condition of release.

Since 30 June 2014, the Trustee has been required to ensure that insurance available through its fund are consistent with the conditions of release.

Conditions of release

The table below describes which insurance benefits inside super are consistent with the conditions of release.

Type of insurance	Related condition of release
Life Cover	Death
Accidental Injury Benefit and TPD and Loss of Independence	Permanent Incapacity – this means the Trustee must be reasonably satisfied that your ill health (whether physical or mental), makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by your education, training and experience.
Income Protection	Temporary Incapacity – in relation to where you've ceased to be gainfully employed (including where you have ceased temporarily to receive any gain or reward under a continuing arrangement for you to be gainfully employed), this means ill health (whether physical or mental) that caused you to cease to be gainfully employed but does not constitute permanent incapacity. The Trustee may not be able to pass benefits to you, or may reduce benefits if you receive any income provided or arranged by an employer, partnership or business, including fully paid leave such as sick leave, or if Government regulations otherwise limit the benefit that can be paid. A benefit can't be paid for longer than the period of Temporary Incapacity.
Terminal Illness	Terminal Medical Conditions – a terminal medical condition exists in relation to you at a particular time if the following circumstances exist: <ul style="list-style-type: none"> • two Doctors (at least one of them a Specialist in the area of the related sickness or injury) have certified, jointly or separately, that you are suffering from an illness, or have incurred an injury, that is likely to result in death within a period (the certification period) that ends not more than 24 months after the date of certification; and • for each of the certificates, the certification period has not ended.

Irrespective of the conditions of release described above, the applicable insurance definition must be met for an insurance benefit to be payable.

Other legislative, regulatory and procedural information you need to know

Taxation

This section gives a brief summary of the way insurance is treated for tax purposes as at the preparation date of this PDS.

This isn't a comprehensive and complete guide, it is general information only.

MLC is not a registered tax (financial) adviser or a registered tax agent.

If you intend to rely on any advice to satisfy liabilities, obligations or claim entitlements that arise, or could arise under taxation law, you should seek advice from a registered tax agent or registered tax (financial) adviser.

The Federal Government recently announced significant changes to the taxation of super and to the contribution limits. These proposals have not yet been made law.

For more information, go to [treasury.gov.au](https://www.treasury.gov.au)

Tax laws change. To keep up to date, please visit [ato.gov.au](https://www.ato.gov.au)

Tax treatment of insurance outside super

The table below provides a general guide on the potential tax treatments of your insurance:

	Personal	Business
Life Cover insurance	<ul style="list-style-type: none"> Premium is not tax deductible. Benefit is tax-free. 	<ul style="list-style-type: none"> Premium is likely to be tax deductible when you insure a key person to protect against a revenue loss. Benefit is likely to be included in the business' assessable income.
Total and Permanent Disability, Terminal Illness Support, Critical Illness, Child Critical Illness and Occupational HIV, Hepatitis B or C Infection insurances	<ul style="list-style-type: none"> Premium is not tax deductible. Benefit is tax-free when you insure yourself, your Spouse or a qualifying relative. If you insure anyone else, a taxable capital gain may arise when the benefit is paid to you. 	<ul style="list-style-type: none"> Premium is likely to be tax deductible when you insure a key person to protect against a revenue loss. Benefit is likely to be included in the business' assessable income. In other circumstances the premium may not be tax deductible and a benefit may give rise to a capital gain when paid.
Financial Planning Benefit	<ul style="list-style-type: none"> Benefits are generally tax-free. However, seek tax advice specific to your circumstances. 	<ul style="list-style-type: none"> Seek tax advice specific to your circumstances.
Income Protection, Business Expenses insurances	<ul style="list-style-type: none"> If you are self-employed or an employee, the premium is likely to be tax deductible and the benefit is likely to be assessable as income. Where the life insured dies while receiving Income Protection benefits, the lump sum benefit paid is not likely to be assessable as income. 	
Premium Waiver insurance, Policy Fee	<ul style="list-style-type: none"> Where there is more than one insurance on your policy, the premium for Premium Waiver and the policy fees for each insurance may be deductible, partly deductible or non-deductible depending on the tax treatment of each type of insurance. 	

Tax treatment of insurance inside super

Any contributions used to fund your premiums will be reported to the Australian Taxation Office (ATO) for the purpose of calculating super contribution limits.

Where required by law, the Trustee will deduct any tax, duty or government fees and forward the money to the relevant authority.

The government may change how super is taxed. To find out more go to ato.gov.au

For more detailed information about taxation inside super, please refer to your Trustee.

Your must provide your Tax File Number (TFN)

MLC and the Trustee need your TFN to complete your application for MLC Life Cover Super.

You should also be aware:

- MLC and the Trustee are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993,
- it isn't an offence to decline to notify MLC and the Trustee of your TFN,
- without your TFN, MLC and the Trustee may have difficulty (now or in the future) tracing your benefits in order to undertake any account consolidation or payment,
- MLC and the Trustee are allowed to use your TFN only for lawful purposes (which may change in the future as a result of legislative changes), including if paying out monies, and if identifying and amalgamating super benefits for surcharge purposes, and

- your TFN will be disclosed to the ATO and will also be passed to other super providers if your benefits are transferred, unless you inform MLC and the Trustee in writing not to pass on your TFN.

The Life Insurance Code of Practice

MLC has adopted the Life Insurance Code of Practice which sets industry standards for customer service and MLC commits to these service standards.

To find out more about the Code of Practice you can visit our website at mlcinsurance.com.au/code-of-practice or the Financial Services Councils website at fsc.org.au/policy/life-insurance/code-of-practice

Resolving complaints

In many cases, we can resolve your complaint. Please contact us on **132 652** or international callers **+61 3 8634 4721** (charges apply) to discuss your concerns and we'll work with you to resolve the complaint quickly.

If you're unhappy with the resolution of your complaint, you can ask for it to be reviewed by our MLC Life Insurance Resolve team.

This team will ensure your complaint is reviewed and provide you with the final outcome in writing. This will include the reasons for our decision.

You can request a review of your complaint by:

- Calling **132 652**, or
- Writing to
The Complaints Manager
MLC Life Insurance Resolve,
PO Box 200
North Sydney, NSW, 2059

For superannuation services complaints, the Trustee is allowed up to 90 days to respond to your complaint.

For complaints about other products and services, MLC is allowed up to 45 days to respond.

If the complaint will take longer to resolve than the time allowed, MLC or the Trustee will let you know and tell you the reasons for any delay.

MLC or the Trustee will also keep you updated on the progress of your complaint.

If you are dissatisfied with the final outcome of your complaint, if MLC or the Trustee is unable to provide you with a final outcome in the time allowed, or if you believe that MLC or the Trustee has not provided you with the reasons for the decision, you have the right to lodge a dispute with an external dispute resolution body.

For superannuation services disputes:

Superannuation Complaints Tribunal
Locked Bag 3060 Melbourne VIC 3001
Ph: **1300 884 114** (cost of a local call)
Fax: 03 8635 5588
Email: info@sct.gov.au
Website: sct.gov.au

For disputes about any other products and services:

Financial Ombudsman Service
Australia (FOS)
GPO Box 3 Melbourne VIC 3001
Ph: **1800 367 287** (free call) or international callers **+61 3 9613 7366** (charges apply)
Fax: 03 9613 6399
Email: info@fos.org.au
Website: fos.org.au



4

Summary of the terms and conditions



Summary of the terms and conditions for lump sum insurances

In this section you will find a summary of:

1. General terms,
2. Terms for specific insurance, benefits, features and options,
3. General exclusions, and
4. General termination events.

The full terms and conditions that apply to your insurance are in the policy document, which we will send to you when we accept your application.

1. General terms

Structuring your insurance (stand-alone, Extensions and Connections)

You can structure your insurance as:

- stand-alone
- an Extension to Life Cover insurance:
 - on the same policy, or
 - as a connected benefit on a separate policy.

Your financial adviser can help you work out which structure is most appropriate for you.

What is stand-alone insurance?

This is insurance that can be purchased on its own and is independent of all other insurances you purchase. If a claim is paid on one of your insurances, your other insurances won't be reduced.

The insurances you can purchase as stand-alone are listed below.

Outside and inside super:

- Life Cover, and
- Income Protection.

Outside super only:

- Total and Permanent Disability (TPD) and Loss of Independence
- Critical Illness, and
- Business Expenses.

What is Extension insurance?

Extension insurance allows one insurance type to be attached to another insurance type.

You'll pay less for this structure than stand-alone insurance because a claim payment will reduce the insurance to which it's attached.

The insurances you can purchase as Extensions are:

- Total and Permanent Disability (TPD) and Loss of Independence, and
- Critical Illness.

The combined amount of any insurances you choose as Extensions can't exceed the insurance benefit to which they're attached.

You can also choose to connect your Extension insurances both inside and outside super to maximise the cost-effectiveness of your insurance.

This can be on different policies and with different policy owners. This is known as '**connected benefits**'.

Your financial adviser can help you work out which structure is most appropriate for you.

2. Summary of terms for:

- Life Cover,
- TPD and Loss of Independence, and
- Critical Illness insurances.

The full terms and conditions that apply to your insurance are in the policy document, which we will send to you when we accept your application.

Accidental Injury Benefit (Feature of Life Cover Plus insurance)

If due to an Accident you lose:

- the use of both hands or both feet, or
- the sight in both eyes, or
- the use of one hand and one foot, or
- the use of one hand or one foot and the sight in one eye

you'll receive 100% of your Life Cover insurance benefit, up to \$2,000,000.

Or, if due to an Accident you lose:

- the use of one hand or one foot, or
- the sight in one eye

you'll receive 25% of your Life Cover insurance benefit, up to \$500,000.

Conditions that apply to the Accidental Injury Benefit

- Any loss must be complete and permanent, be as a direct result of the Accident and occur within six months of the Accident.
- The maximum amount stated is the most you'll be paid, no matter how many MLC insurance policies (inside or outside super) you hold that covers for an Accidental Injury Benefit.
- If you hold more than one MLC policy that covers for an Accidental Injury Benefit and the total of all those MLC policies is greater than the maximum

amount, each policy will proportionally contribute to the maximum amount.

- If you also hold stand-alone Total and Permanent Disability insurance or stand-alone Critical Illness insurance with us, the maximum benefit payable under this Accidental Injury Benefit will be reduced by the total of any benefit paid under those insurances for an event that is also covered under the Accidental Injury Benefit.
- For insurance inside super that first commenced after 30 June 2014, you must also be Permanently Incapacitated as a result of the Accident, as defined on page 90, to be eligible for an Accidental Injury Benefit.

When won't a benefit be paid?

If you've already lost the use of one hand, foot or sight in one eye before your insurance started, or was last reinstated, we will either not pay a benefit or may pay a benefit of 25% of the Life Cover benefit up to \$500,000.

We will not pay the Accidental Injury Benefit where the loss or loss of use, as the case may be, arises from or is contributed to by war or warlike operations.

How does a claim affect your insurance?

Your Life Cover insurance will be reduced by the amount of your Accidental Injury Benefit paid. If you also have Terminal Illness Support insurance, this insurance will also be reduced to the lesser of:

- \$250,000, and
- 50% of the reduced Life Cover insurance.

We'll reduce the premiums payable in line with the reduced insurance for both your Life Cover and Terminal Illness Support Option.

If you receive the Accidental Injury Benefit, and you have any of the following insurances:

- TPD and Loss of Independence insurance held as an Extension to Life Cover insurance
- Critical Illness insurance held as an Extension to Life Cover insurance

we will reduce your TPD and Critical Illness insurance benefits by the amount of the Accidental Injury Benefit paid.

We'll reduce the premiums payable in line with the reduced insurance for your Life Cover insurance.

Advance Death Benefit (outside super only) (Feature of Life Cover Standard and Plus insurance)

If your Life Cover insurance is \$20,000 or more and you die, we'll pay an initial once-off Advance Death Benefit payment of \$20,000. This will be paid to the remaining policy owner(s) or to your nominated beneficiaries, in the same proportions as requested for paying your Death Benefit.

Summary of the terms and conditions for lump sum insurances

We'll need a certified copy of your birth and death certificates, or an extract of death registration or other evidence of death satisfactory to us, along with a written request before we pay this advance.

If the Advance Death Benefit is paid, the final Life Cover benefit amount paid to the remaining policy owner(s) and/or beneficiaries will be reduced by \$20,000.

Payment of the Advance Death Benefit is not an admission of liability by us to pay the Life Cover insurance benefit, and may be recovered by us if the Life Cover insurance claim isn't accepted.

Business Safeguard Option (Available with Life Cover Standard and Plus and TPD insurances)

This option isn't available for decreasing cover in Life Cover.

If the insurance is used for one of the following nominated business purposes:

- an ownership (buy/sell) agreement where your share of the business is purchased by any remaining partners when certain events occur (for example, your death or total and permanent disability)
- asset protection (loan guarantee) insurance where you are personally responsible for a business loan (eg. you enter a personal guarantee), or
- Revenue Protection (Key Person) insurance (outside super only)

you can apply to increase your Life Cover and TPD insurance (if applicable) without further medical evidence, when a business event happens. A business event is when the value of your financial interest in the

business, loan guarantee, or the value of the Key Person to your business increases.

You must apply for the increase within 30 days of the first Review Date following the relevant business event. Your premiums will rise in line with the increased insurance.

You must provide proof of the business event to our satisfaction. Proof required may include, but is not limited to, company minutes, ownership (buy sell) agreements, audited company accounts and tax returns, or such other documents or evidence as we may require.

You can apply for this option between ages next birthday:

- 19 to 60 for stepped and level premium Life Cover
- 19 to 60 for stepped premium TPD, and
- 19 to 55 for level premium TPD.

You can apply to increase your insurance under this option until the Review Date after you turn 65.

Maximum benefit increase

You can apply to increase your Life Cover, and/or TPD benefit under this option up to a maximum amount of the lesser of:

- The increase in the value (as applicable) of:
 - your financial interest in the business, or
 - loan guarantee, or
 - the Key Person to your business, and
- For Life Cover:
 - three times your original insurance amount, or
 - 15,000,000, and

- For TPD:
 - three times your original insurance amount, or
 - \$5,000,000 for professional occupations such as accountants, solicitors and surgeons, or
 - \$3,000,000 for other occupations.

These limits include the total of all relevant benefits from all life insurance companies covering you for any nominated business purpose or any other business protection purpose.

Conditions that apply to the Business Safeguard Option

- Any insurance increase must be approved by us.
- For TPD insurance, as an Extension to Life Cover insurance (see page 14)
 - this option is only available where you've selected it with your Life Cover insurance.
- For TPD insurance as an Extension to your Life Cover insurance or as a connected benefit the TPD insurance can't be more than your Life Cover insurance (see page 46).
- The total increase to your Life Cover and TPD insurance for all policies from all sources under the Business Safeguard Option can't exceed the value (as applicable) of:
 - your financial interest in the business
 - the loan guarantee, or
 - the Key Person to the business (outside super only).
- If your original Life Cover or TPD insurances were less than 100% of the applicable value at the time, you can subsequently only increase the

insurance to the equivalent percentage of value when you apply for an increase.

- During the first six months, after an increase for a loan guarantee, the increase amount protects you only for death and TPD (if applicable) caused by an Accident.
- If the Business Safeguard Option isn't exercised within any three consecutive Review Dates (policy years), no further application for increases can be made unless you can demonstrate to our satisfaction that you were not eligible to apply for an increase under this option because the value of your financial interest in the business, loan guarantee, or the value of the Key Person to your business had not increased during that time.
- You can't apply to increase your insurance (as applicable) under this option when a claim is made or is entitled to be made.

When won't a benefit be paid?

We will not pay the Life Cover benefit if you commit suicide (whether sane or insane) within 13 months of the date the insurance started or was last reinstated.

We will not pay the Total and Permanent Disability benefit for any disability, condition or loss suffered by you arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide, or
- sickness or injury that first appeared, happened or was diagnosed before your Total and Permanent Disability insurance started or was last reinstated (unless disclosed to, and accepted by, us as a part of the application or reinstatement process).

Changes to Critical Illness insurance definitions

Critical Illness Plus

If you choose Critical Illness Plus, the critical illness definitions will only change where we improve them in your favour.

Critical Illness Standard

As advances are made in treatment and diagnostic techniques, we may need to change the types of, and definitions used in, Critical Illness Standard insurance for both new and existing policies to make sure they remain appropriate, take into account effective cures, vaccines and modern diagnostic procedures as well as include and exclude diseases where appropriate.

We don't guarantee to renew your insurance. Following the first three years of your Critical Illness insurance, we may continue your insurance with the same or different critical conditions and definitions.

Where a change is made, it will apply to all Critical Illness Standard policies, we won't single you out for a change.

We'll notify you of any change to your Critical Illness insurance terms or definitions on renewal.

You can accept the new conditions by continuing to pay your premiums and, therefore, entering into a new policy contract. You won't need to complete an application for the new policy and we'll continue to rely on the information you provided to us for your existing MLC policy.

You may refuse these changes by contacting us to cancel your insurance or

not making further premium payments and your policy will lapse.

Child Support Benefit (outside super only) (Feature of Critical Illness Plus insurance)

If a Child dies, or the first time a Child suffers a Child Support Benefit Condition:

- while this insurance is in force, and
- after the Review Date following the Child's second birthday.

you'll receive the Child Support Benefit.

What we will pay

The Child Support Benefit payable for each Child is \$10,000. Payment of this benefit will not reduce the Critical Illness Plus insurance benefit to which it is connected.

What conditions are covered?

The Child Support Benefit Conditions covered are:

- Aplastic Anaemia Repair - excluding less invasive surgeries
- Bacterial Meningitis - of specified severity
- Benign Brain Tumour - with specific requirements
- Blindness - of specified severity
- Cancer – excluding specified early stage cancers
- Cardiomyopathy - of specified severity
- Chronic Kidney Failure - of specified severity
- Chronic Liver Failure - of specified severity
- Coma - with specified criteria
- Deafness - permanent

Summary of the terms and conditions for lump sum insurances

- Encephalitis - of specified severity
- Heart Attack - with evidence of severe heart muscle damage
- Heart Valve Surgery - of specified severity*
- HIV Contracted Through Medical Procedures
- Intensive Care - requiring continuous mechanical ventilation for 10 days
- Loss of Speech - total and permanent
- Major Brain Injury – of specified severity
- Major Burns – of specified severity
- Major Organ or Bone Marrow Transplant*
- Meningococcal Septicaemia – of specified severity
- Open Heart Surgery*
- Out of Hospital Cardiac Arrest
- Paralysis
- Pneumonectomy – complete removal of entire lung*
- Primary Pulmonary Hypertension – of specified severity
- Stroke – in the brain and of specified severity
- Type 1 Diabetes

* *These are surgical conditions*

The definitions for these Child Support Benefit Conditions can be found in the Critical Illness definitions on pages 74 - 81.

The first time your Child has a Child Support Benefit Condition:

- for surgical conditions, when the underlying condition requiring the surgical intervention first appeared,

happened or was diagnosed as meeting its definition, and

- for all other conditions, when the condition first appeared, happened or was diagnosed as meeting its definition.

Conditions that apply to the Child Support Benefit

The Child Support Benefit:

- will only be payable if the Critical Illness insurance benefit is \$100,000 or more, and
- is payable once only for any one Child.

When won't a benefit be paid?

We will not pay a benefit for any Child Support Benefit Condition arising from or contributed to by:

- the Child's intentional self-inflicted injury or attempted suicide
- sickness or injury that first appeared, happened or was diagnosed before or within three months of when this insurance started or was last reinstated
- sickness or injury that first appeared, happened or was diagnosed before the Review Date following the Child's second birthday
- congenital abnormalities that first appeared for the life insured, the life insured's Spouse or any of their Children, before this Critical Illness Plus insurance started or was last reinstated
- congenital abnormalities that first appeared before the Review Date following the Child's second birthday, or
- an injury maliciously inflicted on the Child for the purpose of gain from this insurance.

Continuation Option (for level premium after age 65 only)

Level premium Life Cover, TPD and Loss of Independence, and Critical Illness insurances end on the review date after you turn 65. If the policy is claim free, the Continuation Option lets you continue with the nearest equivalent MLC insurance available at the time, up to the same insurance amount, on a stepped premium. New terms and conditions may apply. For TPD and Loss of Independence, continued cover is for Loss of Independence only.

You must apply for continuation within 30 days of the Termination Date of your existing insurance.

For TPD and Loss of Independence and for Critical Illness you must exercise your Life Cover Continuation Option at the same time.

Critical Illness Buy Back Option (Available with Critical Illness Plus insurance)

What is the benefit?

This optionally included feature allows you to restore your Critical Illness insurance (Restored Critical Illness insurance) by the same amount as the Critical Illness benefit paid, without you having to provide additional evidence of health, occupation or pursuits.

What is the cost of restoring cover?

Your premium for the Restored Critical Illness insurance will be based on our premium rates at the time it is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Critical Illness insurance

(including all loadings, exclusions and special terms).

When is cover restored?

Your cover can be restored 12 months after the date the full Critical Illness benefit (including a benefit for an Extra Benefits Option – Partial Benefits condition) is paid.

You can apply to have your Life Cover restored up to 30 days after this date.

What are the conditions (including exclusions)?

- If you have Critical Illness as an Extension or a connected benefit to your Life Cover insurance (see page 16) and:
 - you have the option to buy back your Life Cover insurance after a claim,
 - you must buy back the Life Cover benefit at the same time you buy back your Critical Illness insurance, or
 - you do not have the option to buy back your Life Cover insurance after a claim, your new Critical Illness insurance will be issued as a stand-alone Critical Illness insurance policy.
- Where a Critical Illness benefit, excluding a benefit paid due to an Extra Benefit Option – Partial Benefits condition, has been paid, the new Critical Illness benefit will not provide cover and therefore a claim will not be payable, for a critical condition:
 - for which a benefit, including a partial benefit, has been paid (excluding Coronary Artery Angioplasty), or
 - which is related to, arises from or is contributed to by (directly or indirectly, or wholly or partly) any critical condition (or Extra Benefits Option – Partial Benefits condition) for which a benefit, including a partial benefit, has been paid.
- Where a benefit has been paid for an Extra Benefits Option – Partial Benefits condition, the new Critical Illness benefit will not provide cover and therefore a claim will not be payable for:
 - any Extra Benefits Option – Partial Benefits condition for which a benefit has been paid, or
 - any Extra Benefits Option – Partial Benefits condition which is related to, arises from or is contributed to by (directly or indirectly, or wholly or partly) any Extra Benefits Option – Partial Benefits condition for which a benefit has been paid.
- TPD, Increases without further medical evidence and the Financial Planning Benefit (unless the Financial Planning Benefit has not previously been paid) are not available for the new Critical Illness insurance.
- The policy owner and life insured will remain unchanged under the Restored Critical Illness insurance.
- You must ask us to restore your Critical Illness insurance before the Review Date after you turn 75.

Critical Illness insurance - How does a claim affect your insurance?

If you have Critical Illness insurance as part of your Life Cover or as a Connected Benefit:

- your Life Cover insurance will be reduced by the claim amount paid for Critical Illness and, if applicable, your Terminal Illness Support insurance will also be reduced to the lesser of \$250,000 or 50% of the reduced Life Cover insurance
- your Critical Illness insurance will be reduced by the claim amount paid for your Life Cover benefit for Terminal Illness or Accidental Injury.

MLC will reduce your future premiums in line with the reduced insurance.

If you have stand-alone Critical Illness insurance:

- your Life Cover and Terminal Illness Support insurance will not be reduced by the claim amount paid for Critical Illness
- your Critical Illness will not be reduced by any claim paid under Life Cover insurance for Terminal Illness or Accidental Injury.

How does a claim under the Extra Benefits Option affect your insurance?

If you are covered for additional critical conditions under the Extra Benefits Option with Critical Illness, as part of your Life Cover or as a Connected Benefit, MLC will reduce your Critical Illness benefit and your Life Cover insurance by the amount of any Critical Illness benefit MLC pays you under the option.

Your Terminal Illness Support insurance (if applicable) will also be reduced to the lesser of 50% of the reduced Life Cover insurance or \$250,000.

MLC will reduce your future premiums in line with the reduced insurance.

Summary of the terms and conditions for lump sum insurances

If you take this option with stand-alone Critical Illness insurance, any Life Cover you have will not be affected.

Death Benefit (Feature of Critical Illness stand-alone insurance)

If the Critical Illness stand-alone benefit isn't payable, because you die within 14 days of suffering a critical condition, we'll pay a lump sum benefit of \$5,000.

This benefit is in addition to any other amount payable under the policy.

We will not pay this benefit if you (sane or insane) commit suicide within 13 months after this insurance started, or was last reinstated.

Death Benefit (Feature of TPD stand-alone insurance)

If the TPD stand-alone benefit isn't payable because you die within 14 days of becoming TPD, we'll pay a lump sum death benefit of \$5,000.

This benefit is in addition to any other amount payable under the policy.

We will not pay this benefit if you (sane or insane) commit suicide within 13 months after this insurance started, or was last reinstated.

Financial Planning Benefit (outside super only) (Feature of Life Cover Standard and Plus, Terminal Illness Support, TPD, Critical Illness Standard and Plus insurances)

We'll reimburse part of the costs charged by a qualified financial adviser for a financial plan if we pay a lump

sum benefit of \$100,000 or more. The maximum amount of this benefit is \$5,000. If there's more than one beneficiary of the insurance benefit, we'll divide the Financial Planning Benefit equally between those who each receive an insurance benefit of at least \$100,000.

The reimbursement:

- must be claimed within 6 months of the date on which we pay the lump sum benefit, and
- will apply only once for all MLC policies covering you.

We reserve the right to increase the minimum lump sum benefit amount of \$100,000. We will let you know when this happens.

Increases without further Medical Evidence (Feature of Life Cover Plus, TPD and Critical Illness Plus insurances)

Until the Review Date after you turn 55, you can apply to increase your Life Cover, TPD and Critical Illness insurances without further medical evidence if a specified personal or business event happens (see below).

The increase must be applied for:

- between the day the relevant personal event happens and 30 days after the first Review Date following the event, or
- within 30 days of the first Review Date following the relevant business event.

You will need to provide evidence satisfactory to us that supports the increase requested, proof of the personal

or business event and request the increase in writing.

Unless we otherwise agree, you can only apply for the increase as a result of a personal or a business event if:

- you were accepted for this insurance without any additional loadings due to your health, occupation or pastimes, and
- this insurance is not the result of applying the Life Cover Buy Back Option under Total and Permanent Disability insurance or Critical Illness insurance, and
- this insurance is not the result of applying the Critical Illness Buy Back Option under Critical Illness insurance, and
- you have not made, or are not entitled to make, a claim under this insurance.

Your premiums will rise in line with the increased insurance.

Personal event

You can apply to increase your Life Cover, TPD and Critical Illness insurances by up to 25% of your original insurance amount. The maximum increase is \$200,000 for any one of the following events:

- you or your Spouse adopt or give birth to a child
- you get married or divorced
- you complete an undergraduate degree at a Government-recognised university
- you receive an increase in your Earnings of at least 10% in the previous 12 months, or
- you have a Child who starts secondary school.

If you take out, or increase, a Mortgage to purchase or improve your home, the maximum increase we'll allow is the lesser of:

- 50% of your original insurance amount
- the value of your new Mortgage
- the value of the latest increase to your existing Mortgage, and
- \$200,000.

Business event

You can apply to increase your Life Cover, TPD and Critical Illness insurances if the insurance is issued for one of the following purposes:

- a written ownership (buy/sell), share purchase or business continuation agreement under which you are a partner, shareholder or unit holder in the business
- asset protection (loan guarantee) insurance, or
- Revenue Protection (Key Person) insurance if you're considered as such in the business (outside super only).

The increase will be in proportion to the increase in value since the last Review Date of your financial interest in the business or of the Key Person to your business (as agreed with us).

The maximum increase we'll allow is the lesser of:

- 25% of your original insurance amount, and
- for a written ownership (buy/sell), share purchase or business continuation agreement under which you are a partner, shareholder or unit holder in the business, the increase, averaged over the preceding three years, in the

net value of your financial interest in the business, and

- for asset protection (loan guarantee) insurance, the increase in that part of the business loan you are responsible for, which is averaged over the preceding three years, and
- for Revenue Protection (Key Person) insurance, five times the increase in your value to the business, averaged over the preceding three years, and
- \$200,000.

What conditions apply to increases without further medical evidence?

Number and frequency of increases

Until the Review Date, after you turn 55, you can apply for increases as many times as the listed events occur while you have the policy. However, you may only apply for one increase each year.

Limitations

The maximum amount you can increase your insurance by is the lesser of your original insurance amount of each insurance (Life Cover, TPD and Loss of Independence or Critical Illness) or \$2,000,000.

If you have more than one insurance policy with us, the maximum amount applies to the combination of all our insurance policies protecting you.

Each policy with the feature of increases without further medical evidence will proportionally contribute to any increase.

The maximum cumulative amount of all increases for Life Cover, TPD and Critical Illness insurances (as applicable) as at the

commencement date of each policy for all policies protecting you is the lesser of:

- the total of your Life Cover or TPD or Critical Illness insurances (as applicable), and
- \$2,000,000.

If you have TPD and/or Critical Illness insurance as part of your Life Cover, or as a connected benefit (see page 46), our maximum benefit limits for them still apply, and they can't collectively exceed your Life Cover insurance.

During the first six months after certain increases, the increased amounts cover you only for the following specified events caused by an Accident:

Life Cover: for marriage, divorce or Mortgage, the increase covers only death.

Critical Illness: for marriage, divorce or Mortgage, the increase covers only death and critical conditions.

TPD and Loss of Independence: whatever the reason for the increase, the increase covers only TPD. The increased insurance also doesn't cover you for any TPD claim caused by sickness or injury that first happened within six months before the increase date.

Your premiums will rise in line with the increase in benefits.

Life Cover Benefit

If you die while Life Cover insurance is in force, we will pay the Life Cover Benefit. It is paid to:

- to each Nominated Beneficiary (according to their share of the benefit), or

Summary of the terms and conditions for lump sum insurances

- your personal legal representative (your estate) if there is no Nominated Beneficiary, or
- the policy owner if they are someone else.

Life Cover Buy Back Option (Available with Critical Illness Extension insurance)

What is the benefit?

This optionally included feature allows you to restore your Life Cover insurance (Restored Life Cover) by the same amount as the Critical Illness benefit paid, without you having to provide additional evidence of health, occupation or pursuits.

What is the cost of restoring cover?

Your premium for the Restored Life Cover will be based on our premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).

When is cover restored?

You can include this option when you originally take out insurance. If you then receive a Critical Illness Benefit which reduces your Life Cover, you can apply to restore your Life Cover to the amount you had before your claim.

You can do this from the later of:

- 12 months after we receive your claim form (the date the form is received by our claims department), and
- 12 months after you first meet the full Critical Illness definition (the date your condition is confirmed in writing and received by our claims department).

You have up to 30 days after the later of the above dates to ask for your Life Cover to be restored.

If the Critical Illness benefit payment was due to TPD as a critical condition, we'll automatically restore your Life Cover insurance if you live for 14 days after the event causing your Total and Permanent Disability.

Your Restored Life Cover will apply to death, Terminal Illness (unless previously paid) and Accidental Injury (Life Cover Plus only).

What are the conditions (including exclusions)?

- The Accidental Injury benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Critical Illness insurance.
- If a Terminal Illness Support benefit or Financial Planning benefit has previously been paid it will not be available under the Restored Life Cover.
- The policy owner and life insured will remain unchanged under the Restored Life Cover.
- You cannot exercise this 12-month Life Cover Buy Back Option if a benefit for Terminal Illness has been paid previously.
- You must ask us to restore your Life Cover before the Review Date after your turn:
 - 75 for Critical Illness not due to TPD as a critical condition
 - 65 for Critical Illness due to TPD as a critical condition.

Life Cover Buy Back Option (Available with TPD and Loss of Independence Extension insurance only)

What is the benefit?

This optionally included feature will automatically restore your Life Cover insurance (Restored Life Cover) by the same amount as the TPD benefit paid, without you having to provide additional evidence of health, occupation or pursuits.

What is the cost of restoring cover?

Your premium for the Restored Life Cover will be based on our premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).

When is cover restored?

Your Life Cover is automatically restored if you live for 14 days after we've paid your full TPD insurance benefit.

Your Restored Life Cover will apply to death, Terminal Illness (unless paid previously) and Accidental Injury (Life Cover Plus only).

What are the conditions (including exclusions)?

- The Accidental Injury benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original TPD and Loss of Independence insurance.
- If you take out TPD and Loss of Independence under LCS, in certain cases you may need to take new insurance outside the Fund.

- If a Terminal Illness Support benefit or Financial Planning benefit has previously been paid it will not be available under the Restored Life Cover.
- The Policy Owner and life insured will remain unchanged under the Restored Life Cover.

You must ask us to restore your Life Cover before the Review Date after you turn 75.

Partial Payment Benefit (outside super only) (Feature of TPD and Loss of Independence insurance)

If you suffer the total and irrecoverable loss of:

- the sight in one eye, or
- one foot or one hand

you'll receive the Partial Payment Benefit.

What we will pay

The Partial Payment Benefit payable will be the lesser of:

- 25% of the Total and Permanent Disability Benefit, and
- \$500,000.

This benefit is not payable if it is less than \$10,000.

Conditions that apply to the Partial Payment Benefit

The Partial Payment Benefit:

- will only be payable once, and
- will reduce the Total and Permanent Disability Benefit by the amount paid.

Definitions for the Partial Payment Benefit

- **Loss of one foot or one hand.** The total and irrecoverable loss, or loss of the use, of the following:
 - one foot, or
 - one hand.
- **Loss of sight in one eye.** The permanent loss of sight in one eye, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less.

Premium Waiver - When will we waive your premium?

You can apply for Premium Waiver insurance with Life Cover, TPD and Loss of Independence and Critical Illness insurance.

Please note, Income Protection has its own Premium Waiver feature (see page 69). This waiver benefit does not cover Retrenchment.

However, if you purchase Premium Waiver insurance with Life Cover, TPD and Critical Illness, and you also have Income Protection and/or Business Expenses insurance as part of the policy, then the Retrenchment provision of Premium Waiver insurance will apply to all benefits.

Only one life insured can be nominated for Premium Waiver per policy. If that person becomes eligible to have their premiums waived under this insurance, premiums will be waived for all benefits on all lives insured under the policy while the nominated person remains eligible to have premiums waived.

We'll waive your premiums for the insurances listed above if you're:

- suffering Total and Permanent Disability under the Any Occupation definition for at least 3 continuous months. Premiums will be waived for the period of disability up to age 65, or
- retrenched. If you're retrenched we'll waive your premiums for 12 months, as long as you've had this insurance and been with the same employer, on a full-time basis, for at least a year. We'll waive your premiums due to retrenchment only once in any five-year period. We will also waive any Income Protection insurance premiums on your policy, or
- suffering Total Disability and you have Income Protection on your policy. If you purchase Premium Waiver insurance on a policy where Income Protection insurance also applies, we'll waive the premiums for your other insurances on the policy if you remain Totally Disabled for more than six months and you're receiving Income Protection benefits. Premiums will be waived after these six months while you are disabled up to age 65.

Terminal Illness Benefit

If you are diagnosed as having a Terminal Illness while this Life Cover insurance is in force, we will pay the Terminal Illness Benefit.

You do not have to return to MLC the Terminal Illness Benefit paid if you survive the 12 month period.

For insurance outside super

Terminal Illness means an illness that, in the opinion of an appropriate specialist physician approved by us, is likely to lead to death within 12 months from the date

Summary of the terms and conditions for lump sum insurances

we are notified in writing by the approved physician.

For insurance inside super

Terminal Illness means an illness that, in the opinion of two Doctors, one of whom is an appropriate specialist in the relevant medical field approved by us, is likely to lead to death within 12 months from the date the Doctors certify the condition (the Certification Period). We must be notified in writing of the Terminal Illness within the Certification Period.

Terminal Illness Support insurance option (Feature of Life Cover Standard and Plus insurance for stepped and level premium)

If while Terminal Illness Support insurance is in force you:

- are diagnosed as having a Terminal Illness, and
- survive for 30 days after we are notified of the Terminal Illness

we will pay the Terminal Illness Support Benefit.

You do not have to return to MLC the Terminal Illness Support Benefit paid if you survive the 12 month period.

For insurance outside super

Terminal Illness means an illness that, in the opinion of an appropriate specialist physician approved by us, is likely to lead to death within 12 months from the date we are notified in writing by the approved physician.

For insurance inside super

Terminal Illness means an Illness that, in the opinion of two Doctors, one of whom

is an appropriate specialist in the relevant medical field approved by us, is likely to lead to death within 12 months from the date the Doctors certify the condition (the Certification Period). We must be notified in writing of the Terminal Illness within the Certification Period.

This Terminal Illness Support benefit is in addition to any Life Cover benefit paid due to Terminal Illness.

If more than one MLC insurance policy covers you for this type of insurance and the total Terminal Illness Support benefits under all these policies is more than \$250,000, each policy will proportionally contribute to the maximum Terminal Illness Support Benefit payable.

Total and Permanent Disability and Loss of Independence insurance - How much can you apply for?

You can apply for between \$25,000 and:

- \$5,000,000 for certain professional occupations such as surgeons, accountants and solicitors, or
- \$3,000,000 for other occupations.

Once you reach the Review Date following your 65th birthday:

- the definition of Total and Permanent Disability changes to a Loss of Independence definition, and
- if your benefit is over \$3,000,000 at that date, your maximum benefits will be reduced to \$3,000,000.

From the Review Date after your 75th birthday, your premium will be set so that it stays the same and your benefit will be reduced each year depending on the age of

the life insured and MLC's premium rates at the time for this type of insurance.

Your financial adviser can help you work out which occupation group applies to you.

Total and Permanent Disability and Loss of Independence insurance - How does a claim affect your insurance?

If you have TPD and Loss of Independence insurance as part of your Life Cover or as a Connected Benefit:

- your Life Cover insurance will be reduced by the claim amount paid for TPD or Loss of Independence and, if applicable, your Terminal Illness Support insurance will also be reduced to the lesser of \$250,000 or 50% of the reduced Life Cover insurance
- when MLC pays some or all of your Life Cover insurance for Terminal Illness or Accidental Injury, your TPD and Loss of Independence insurance will be reduced by the claim amount paid.

MLC will reduce your future premiums in line with the reduced insurance.

If you have stand-alone TPD and Loss of Independence insurance:

- your Life Cover and Terminal Illness Support insurance will not be reduced by the claim amount paid for TPD or Loss of Independence
- your TPD and Loss of Independence insurance will not be reduced by any claim paid under your Life Cover insurance, including claims paid for Terminal Illness or Accidental Injury.

3. General exclusions that apply to:

- Life Cover,
- TPD and Loss of Independence,
- Critical Illness, and
- Premium Waiver insurances.

The general exclusions below apply to each insurance as described.

Certain benefits, features, options and definitions may have additional specific exclusions. These can be found in this PDS in the summary of the terms and conditions for the relevant benefit, feature or option, or in the relevant definition.

Life Cover - When won't a benefit be paid?

We won't pay a benefit for your death if you commit suicide (sane or insane) within 13 months after this insurance:

- started,
- was last reinstated, or
- was increased (in this case we won't pay the increase in your Life Cover insurance benefit).

For Terminal Illness Support insurance:

We won't pay a benefit for terminal illness arising from or contributed to by an intentional self-inflicted injury or attempted suicide within 13 months after this insurance:

- started,
- was last reinstated, or
- was increased (for the increase in the insurance benefit).

TPD and Loss of Independence - When won't a benefit be paid?

You won't receive a benefit for any total and permanent disablement arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide, or
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last

reinstated (unless disclosed to, and accepted by us as part of the application or reinstatement process).

For TPD stand-alone, you won't receive the death benefit of \$5,000 if you commit suicide within 13 months after this insurance started or was last reinstated.

Critical Illness - When won't a benefit be paid?

We won't pay a benefit or partial benefit for any critical condition arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide, or
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process).

For Critical Illness stand-alone insurance, you won't receive the death benefit of \$5,000 if you commit suicide within 13 months after this insurance started, or was last reinstated.

Premium Waiver - When won't we waive your premium?

Due to disability or Retrenchment arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide

- normal and uncomplicated pregnancy or childbirth
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to, and accepted by us, as part of the application or reinstatement process), or
- war or warlike operations.

Due to Retrenchment if you're:

- self-employed,
- an independent contractor,
- employed by a member of your Family, a family company or family trust,
- a partner in a partnership.
- Retrenched more than once from the same employment, or
- Retrenched more than once in any five year period.

For any insurance increase you obtain in the 12 months before retrenchment, we'll only waive the premium which applied before the increase.

This insurance doesn't apply to any premium payable for insurance you add after you're retrenched or disabled, except where premiums are increased under the Inflation Linked Option (see pages 34 - 35). We'll only waive the premium that applied before the addition.

Summary of the terms and conditions for lump sum insurances

4. General termination events when the following insurances end:

- Life Cover,
- TPD and Loss of Independence,
- Critical Illness, and
- Premium Waiver

The general termination events below apply to each insurance as described.

Certain benefits, features, options may have additional criteria for when they will end. These can be found in this PDS in the summary of the terms and conditions for the relevant benefit, feature or option.

Life Cover and Terminal Illness Support - When will your insurance end?

Your Life Cover and Terminal Illness Support insurance will end when:

- the insurance is cancelled at your request (cover ceases on the next Paid-to Date and MLC will not refund any premium paid up to then)
- the insurance is cancelled because you stop paying premiums
- the policy is cancelled because you make a fraudulent claim
- MLC pays your full Life Cover benefit or your full Terminal Illness Support benefit (where applicable)
- MLC pays your full TPD or Loss of Independence benefit and/or Critical Illness benefit, if they were part of or connected to Life Cover and the benefit paid equals the Life Cover insurance
- for LCS, the policy is converted to non-superannuation insurance (insurance will continue as detailed on page 38)
- you reach the expiry age for your type of insurance and premium structure:
 - The Review Date after you turn 65 for:
 - Terminal Illness Support insurance; and
 - Life Cover insurance with level premium structures,
 - For PPP, the Review Date after you turn 100 for Life Cover insurance

with stepped or decreasing cover premium structures, and

- For LCS, your 75th birthday for Life Cover insurance with stepped or decreasing cover.
- you reach the Termination Date shown on your Schedule
- for Terminal Illness Support Option, your Life Cover insurance ends
- you die.

TPD and Loss of Independence - When will your insurance end?

Your TPD and Loss of Independence insurance will end when:

- the insurance is cancelled at your request (cover ceases on the next Paid-to Date and MLC will not refund any premium paid up to then)
- the insurance is cancelled because you stop paying premiums
- the policy is cancelled because you make a fraudulent claim
- MLC pays your full TPD or Loss of Independence benefit
- MLC pays your full TPD or Loss of Independence benefit and/or Critical Illness benefit, if they were part of or connected to Life Cover and the benefit paid equals the Life Cover insurance
- MLC pays your full Life Cover benefit or your Life Cover insurance ends, if your TPD and Loss of Independence

insurance is part of or connected to Life Cover

- for LCS, the policy is converted to non-superannuation insurance (insurance will continue as detailed on page 38)
- you reach the expiry age for your type of insurance and premium structure:
 - The Review Date after you turn 65 for TPD and Loss of Independence insurance with level premium structures,
 - For PPP, the Review Date after you turn 100 for TPD and Loss of Independence insurance with stepped or decreasing cover premium structures, and
 - For LCS, your 75th birthday for TPD and Loss of Independence insurance with stepped or decreasing cover.
- you reach the Termination Date shown on your Schedule
- you die.

Critical Illness - When will your insurance end?

Your Critical Illness insurance will end when:

- the insurance is cancelled at your request (cover ceases on the next Paid-to Date and MLC will not refund any premium paid up to then)
- the insurance is cancelled because you stop paying premiums

- the policy is cancelled because you make a fraudulent claim
- MLC pays your full Critical Illness benefit
- MLC pays your full Critical Illness benefit, and/or TPD or Loss of Independence benefit, if they were part of or connected to your Life Cover and the benefit paid equals the Life Cover insurance
- MLC pays your full Life Cover benefit or your Life Cover insurance ends, if your Critical Illness insurance is part of or connected to Life Cover
- you reach the expiry age for your type of insurance and premium structure:
 - the Review Date after you turn 65 for Critical Illness insurance with level premium structures,
 - the Review Date after you turn 75 for Critical Illness insurance with stepped or decreasing cover premium structures.

Cover for TPD as a critical condition option expires at the Review Date after you turn 65.

- you reach the Termination Date shown on your Schedule
- you die.

Premium Waiver - When will your insurance end?

Your Premium Waiver insurance will end when:

- the insurance is cancelled at your request (cover ceases on the next Paid-to Date and MLC will not refund any premium paid up to then)
- the insurance is cancelled because you stop paying premiums (unless MLC is paying you benefits)
- the policy is cancelled because you make a fraudulent claim
- you reach the Review Date after your 65th birthday
- you reach the Termination Date in your Schedule
- your Life Cover insurance ends
- you die.

Summary of the terms and conditions for Income Protection and Business Expenses

In this section you will find a summary of:

1. General terms,
2. Terms for Extra Benefits Option
3. Terms for specific insurance, benefits, features and options,
4. General exclusions, and
5. General termination events.

The full terms and conditions that apply to your insurance are in the policy document, which we will send to you when we accept your application.

1. General terms

How much insurance can you apply for?

A monthly benefit up to \$30,000 is available for all occupations. A monthly benefit up to \$60,000 is available for some professional occupations such as surgeons, accountants and solicitors.

The maximum monthly benefit you can apply for is based on your Earnings as follows:

Maximum monthly benefit limits

Your Earnings (per annum)	Your Earnings (per month)	Percentage of your Earnings	Maximum Monthly Benefit
First \$320,000	\$26,666	75%	\$20,000
From \$320,001 to \$560,000	\$26,667 to \$46,666	50%	\$20,001 to \$30,000
From \$560,001 to \$2,360,000*	\$46,667 to \$196,666	20%	\$30,001 to \$60,000
Over \$2,360,000	Over \$196,666	Nil	\$60,000

*benefits over \$30,000 can only be applied for by certain professional occupations such as surgeons, accountants and solicitors. Your financial adviser can help you work out whether your occupation is eligible.

This maximum applies to the combination of all your income protection insurance policies from all sources.

Conditions for monthly benefits over \$30,000

Insurance above \$30,000 monthly benefit is only available if your insurance below that amount is with us.

The Waiting Periods available are 1, 3 or 12 months and the maximum benefit period is two years.

Farmers Package (PPP only)

The maximum monthly benefit you can apply for is either:

- up to \$5,000 per month for a two year maximum benefit period
- or
- up to \$5,000 per month or up to 30% of gross farm turnover, whichever is less, for a five year maximum benefit period.

Style of benefit

Subject to the terms and conditions of your insurance and provided your application is accurate, complete and acceptable to us when you apply, you can

choose from two styles of benefits to address what happens if your Earnings decrease after your insurance is issued:

- Agreed Value cover, or
- Indemnity cover.

Agreed Value cover

Your monthly benefit won't be reduced because of a change in your Earnings.

Indemnity cover

Your monthly benefit may be reduced when you claim so that it does not exceed more than 75% of your Earnings before disability. Choosing this style of benefit may help lower your premiums.

The benefit payable will be the lesser of the benefit shown on your Schedule and the maximum insurable amount as calculated in the 'Maximum monthly benefit' table under 'How much insurance can you apply for?' on page 60.

Indemnity Option (for Plus, except under the Farmers Package)

To lower the cost of Income Protection Plus you can select the Indemnity Option instead of an Agreed Value Benefit. As for Standard cover (Indemnity Benefit), if your Earnings decrease after taking out Income Protection Plus insurance, MLC will reduce the monthly benefit when you claim so that we pay no more than 75% of your Earnings before disability.

How does partial disability or rehabilitation work?

If, when your disability begins, you're Gainfully Employed or have been Gainfully Employed during the previous 12 months, and you return to work in a reduced capacity, or you begin a vocational rehabilitation program approved by government or MLC, you may be eligible for Partial Disability or Rehabilitation benefits.

To receive Partial Disability or Rehabilitation benefits, you must have been Totally Disabled for at least 14 days immediately before you became Partially Disabled or began Rehabilitation. If this happens during the Waiting Period, benefits will start to accrue the day after the Waiting Period ends. The first payment will be due one month later. Payments will be made monthly while your entitlement continues.

Your Partial Disability or Rehabilitation benefit will be calculated as follows:

For all occupations other than Farmers under the Farmers Package: in proportion to your reduction in Earnings.

For Farmers insured under the Farmers Package: The Partial Disability or Rehabilitation benefit is calculated as 50% of your monthly benefit for up to two years of partial disability or rehabilitation.

Then, beyond two years, if you have a five-year benefit period, 50% of your monthly benefit or a part of the monthly benefit in proportion to your level of whole person impairment, whichever is less.

Whole person impairment is based on medical advice that may include regular occupational or medical assessment by a medical adviser appointed by MLC, which may be requested at any time. It will be required following two years of partial disability or rehabilitation and every six months thereafter while partial disability or rehabilitation continues or until the end of the benefit period, whichever is earlier. This assessment is in addition to any other information or examination required to assess the claim. No benefit will be payable for any period of partial disability or rehabilitation with an assessed whole person impairment of less than 25%.

What if you can claim for loss of income from other sources?

When you receive benefits from other sources such as Workers Compensation or other legislated payments for loss of income, your benefits will be adjusted.

We won't make any adjustments for social security payments, benefits at common

law, compensation paid for pain or suffering or superannuation payments.

If you choose Agreed Value cover:

Your benefits will be reduced so that the total amount you receive from this insurance together with benefits for loss of income from all other sources doesn't exceed:

- 75% of your Earnings before disability for Total Disability (or not more than the monthly benefit, for farmers under the Farmers Package), or
- 100% of your Earnings before disability for Partial Disability.

We won't reduce your benefits if the total benefits you receive from this insurance and benefits for loss of income from all other sources, are less than your monthly benefit (as shown in your Schedule).

If you choose Indemnity cover:

Your benefits will be reduced so that the total amount you receive from this insurance together with benefits from all other sources, is not more than 75% of your Earnings before disability.

Where benefits from other sources are paid as a lump sum we'll treat the lump sum as though it is paid in equal monthly instalments for eight years and use that amount, to calculate the reduction in your benefit.

In addition to the above, the following applies:

For Income Protection Standard:

MLC will reduce the amount it will pay if you receive any benefit from:

Summary of the terms and conditions for Income Protection and Business Expenses

- a superannuation or pension plan or any policy of income protection, salary continuance or disability insurance
- any income provided or arranged by an employer, partnership or business, including sick leave.

For Income Protection Plus:

If at the time of application you have over 90 days accumulated sick leave or have disability insurance arrangements through your employer, your policy may include a condition that will reduce the benefit payable so that the total we pay is not more than 75% of your Earnings before disability.

For Special Risk Occupations (Agreed Value and Indemnity):

If you have selected Non Occupational Cover (see page 68) and you receive income benefits from Workers Compensation or a similar compensation scheme regulated by legislation, no benefit will be payable.

One benefit paid at a time

You'll only receive one benefit at a time. However, you'll also receive the following benefits at the same time as your Total or Partial Disability benefits:

- Rehabilitation Expense Benefit
- Rehabilitation Bonus, and
- where you have selected the Extra Benefits Option:
 - Double benefits for specified conditions
 - Home Assistance Benefit
 - Transportation Benefit
 - Accommodation Benefit.

When do benefits end?

Any benefit paid under Total Disability, Partial Disability or Rehabilitation ends if any of these occur:

- you cease to be totally disabled, partially disabled or in rehabilitation (as applicable)
- your maximum benefit period ends
- for Partial Disability or Rehabilitation in Income Protection Standard cover, the benefit period ends at the later of 6 months and when we have paid 6 times your monthly benefit
- your Income Protection insurance ends.

If you die while your Income Protection insurance is in force, in addition to any other benefits that have been paid or are payable, we will pay:

- six times the monthly benefit as a lump sum, or
- \$60,000

whichever is the lesser.

Return to work during the Waiting Period

You can return to work during the Waiting Period. The days you work don't have to be consecutive. The Waiting Period will be extended by the number of days you return to work. However, the Waiting Period will start again if:

- you select a Waiting Period of 14 days or one month and you return to work for more than five consecutive workdays
- you select a Waiting Period longer than one month and you return to work for more than 10 consecutive workdays.

What is sabbatical leave?

This means leave taken for study or travel as a normal part of your occupation.

Business Expenses -How does it work?

If you're self-employed, or operate a small business, you'll be reimbursed for certain business expenses incurred while you're Totally Disabled, up to your monthly benefit amount for up to 12 months.

If your business continues to generate income while you are disabled, MLC will not reduce your benefits.

If you own and operate your business through a company, MLC will treat covered expenses paid by the company as if they were paid by you.

If you change businesses the policy is portable. Simply apply it to your new business.

If you have a break in employment you can continue your cover for up to a year while you are on extended leave, unless it is a direct result of disability. MLC can approve longer periods. You must continue to pay premiums during this time.

MLC reimburses the monthly expenses you actually incur after your Waiting Period ends and while you are totally disabled, up to your chosen monthly benefit, for up to one year.

If you are entitled to benefits because you are disabled for part of a month, MLC will reduce the covered expenses and monthly benefits proportionally based on a 30-day month.

If you're paid less than the full benefit over a year, we'll extend the benefit period

while you continue to be disabled for the lesser of another 12 months or until you've been reimbursed an amount equal to the full 12 months' benefit.

MLC pays benefits only while a Doctor is regularly treating you. MLC will review the benefit regularly and may require further proof of disability if it continues.

If you die while your Business Expenses insurance is in force, in addition to any other Benefits that have been paid or are payable, we will pay you:

- three times the Monthly benefit as a lump sum, or
- \$30,000

whichever is the lesser.

If you change businesses, the policy is portable. You have the flexibility to apply this insurance to your new business.

This insurance isn't available if you work in a special risk occupation.

Summary of the terms and conditions for Income Protection and Business Expenses

2. Terms for Extra Benefits Option (outside super only)

The full terms and conditions that apply to your insurance are in the policy document, which we will send to you when we accept your application.

As an additional option to your Income Protection insurance you can purchase this package of extra benefits:

Accommodation Benefit

You'll receive an additional \$500 every day if a Family member needs hotel or motel accommodation to be near you.

This applies if you're Totally Disabled, confined to bed and receiving full-time registered nursing care (not provided by a member of your Family) under a Doctor's direction and you are more than 100 kilometers from your usual place of residence. The benefit applies from the fourth day of your confinement to bed.

Advance Payment for certain injuries

You'll receive a lump sum for the periods shown in the tables below, for certain injuries.

If your Waiting Period is greater than one month, the advance benefit will equal your monthly benefit for the period in the table minus your Waiting Period.

MLC will pay your monthly Income Protection benefits after the advance benefit period while you are totally or partially disabled or under rehabilitation as a result of your injury up to the earliest of the following:

- MLC pays your chosen maximum benefit (taking into account any advance benefits)
- your 65th birthday, or
- you die.

If one injury causes more than one of the losses or fractures shown in the tables on this page, you'll only receive a benefit for the loss with the largest benefit.

If, within 181 days of the injury, you completely and permanently lose the use of:	The advance benefit period is:
Both hands or both feet, or the sight in both eyes	24 months
A hand and a foot	
A hand or foot and the sight in one eye	18 months
An arm or a leg	
A hand or foot or the sight in one eye	12 months
Thumb and index finger on the same hand	6 months

If you completely fracture these bones so that they need a pin, traction, plaster cast, or other immobilising structure, diagnosed within 30 days of the injury that caused the fracture.	The advance benefit period is:
Thigh (shaft)	3 months
Pelvis (except the coccyx)	
Kneecap	
Lower leg (shaft, including the ankle but excluding the foot and toes)	2 months
Shoulder blade	
Skull (except the face or nose bones)	
Upper arm (shaft, including the elbow and shoulder)	
Collarbone	1.5 months
Forearm (shaft, including the wrist but excluding the elbow)	
Jaw	

If you are diagnosed with:	The advance benefit period is:
Paralysis (the total and permanent loss of function of two or more limbs caused so that the total you receive is not more than 75% of your Earnings before disability)	Your benefit period or 60 months, whichever is less

Benefit during the Waiting Period

You'll receive a proportion of your monthly benefit (1/30th each day) if you're confined to bed under a Doctor's direction, and receive full-time registered nursing care (not provided by a member of your Family).

The benefit applies if you're confined to bed for at least 72 consecutive hours. You will receive this benefit for each day of care during the Waiting Period for up to 180 consecutive days.

Double benefits for specified conditions

You'll receive double the normal monthly benefit for a total or partial disability or rehabilitation for up to six months if you suffer any of the following conditions as defined in the Critical Illness definitions on pages 74 - 81, even if you're not Totally Disabled or Partially Disabled.

- Aorta Repair– excluding less invasive surgeries
- Aplastic Anaemia– of specified severity
- Benign Brain Tumour– of specified severity

- Cancer– excluding specified early stage cancers
- Cardiomyopathy – of specified severity
- Chronic Kidney Failure– requiring permanent dialysis or transplantation
- Chronic Liver Failure– of specified severity
- Chronic Lung Failure– of specified severity
- Coma– with specified criteria
- Coronary Artery Bypass Surgery– excluding less invasive procedures
- Deafness– permanent
- Dementia or Alzheimer’s Disease– permanent and of specified severity
- Encephalitis– of specified severity
- Heart Attack– with evidence of severe heart muscle damage
- Heart Valve Surgery– of specified severity
- HIV Contracted Through Medical Procedures
- HIV Contracted Through Your Work
- Major Brain Injury– of specified severity
- Major Burns– of specified severity
- Major Organ or Bone Marrow Transplant
- Motor Neurone Disease
- Multiple Sclerosis– of specified severity
- Muscular Dystrophy– unequivocal diagnosis
- Open Heart Surgery
- Parkinson’s Disease– of specified severity
- Pneumonectomy– complete removal of entire lung

- Primary Pulmonary Hypertension– of specified severity
- Stroke– in the brain and of specified severity

The specified condition must satisfy the definition terms, be diagnosed by an appropriate Specialist, and confirmed by our medical adviser.

Home Assistance

While you receive a Total Disability benefit, if you’re at home, confined to bed or the house and dependent on home assistance or nursing care, you’ll receive a further benefit to help you cover this cost.

If you hire a private registered nurse (who isn’t a member of your Family), you’ll receive \$150 per day, for up to six months, or

If your Spouse stops working at a full-time job solely to care for you at home (unless your Spouse worked for you or your employer before your disability), you’ll receive for each day your spouse provides that care, the daily proportion of the lesser of your monthly benefit, and \$4,500 per month, for up to six months.

Transportation Benefit

If you become Totally Disabled for at least one month while you are:

- outside Australia, we’ll reimburse the cost of transportation back to Australia
- inside Australia, more than 100 kilometres from home, we’ll reimburse the cost of transportation back to your home.

We’ll only pay this benefit once in any 12-month period, after deducting any

reimbursements you’re entitled to receive from other sources. You can receive a maximum benefit equivalent to three times your monthly Income Protection benefit.

No claim bonus

Every year that you do not claim under Income Protection insurance, MLC increases your monthly benefit for the first year of a claim:

Continuous years without a claim	Increase in monthly benefit
1	0%
2	5%
3	10%
4	15%
5	20%
6+	25%

Summary of the terms and conditions for Income Protection and Business Expenses

3. Summary of terms for:

- **Income Protection, and**
- **Business Expenses**

The full terms and conditions that apply to your insurance are in the policy document, which we will send to you when we accept your application.

Child Support Income Benefit (outside super only) (Feature of Income Protection Plus insurance)

If a Child dies or first suffers a Child Support Income Benefit Condition:

- while this insurance is in force, and
- after the Review Date following the Child's second birthday.

you'll receive the Child Support Income Benefit.

What we will pay

The Child Support Income Benefit payable for each Child will be the lesser of:

- three times the monthly benefit, and
- \$25,000.

The Child Support Income Benefit will be paid as a lump sum. This benefit is not payable if it is less than \$10,000.

What conditions are covered?

The Child Support Income Benefit Conditions covered are:

- Aplastic Anaemia– of specified severity
- Bacterial Meningitis – of specified severity
- Benign Brain Tumour– of specified severity
- Blindness – of specified severity
- Cancer– excluding specified early stage cancers
- Cardiomyopathy– of specified severity
- Chronic Kidney Failure – requiring permanent dialysis or transplantation

- Chronic Liver failure – of specified severity
- Coma – with specific requirements
- Deafness – permanent
- Encephalitis – of specified severity
- Heart Attack – with evidence of severe heart muscle damage
- Heart Valve Surgery – of specified severity*
- HIV Contracted Through Medical Procedures
- Intensive Care – requiring continuous mechanical ventilation for 10 days
- Loss of Speech– total and permanent
- Major Brain Injury– of specified severity
- Major Burns– of specified severity
- Major Organ or Bone Marrow Transplant*
- Meningococcal Septicaemia– of specified severity
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Paralysis
- Pneumonectomy – complete removal of entire lung*
- Primary Pulmonary Hypertension – of specified severity
- Stroke – in the brain and of specified severity
- Type 1 Diabetes

**This is a surgical condition.*

The definitions for these Child Support Income Benefit Conditions can be found

in Critical Illness definitions on pages 74 - 81.

The Child first has a Child Support Income Benefit Condition when:

- for surgical conditions, the underlying condition requiring the surgical intervention first appears, happens or is diagnosed as meeting its definition, and
- for all other conditions, the condition first appears, happens or is diagnosed as meeting its definition.

Conditions that apply for the Child Support Income Benefit

The Child Support Income Benefit is payable once only for any one Child.

When won't a benefit be paid?

We will not pay a benefit for any Child Support Income Benefit Condition arising from or contributed to by:

- the Child's intentional self-inflicted injury or attempted suicide
- sickness or injury that first appeared, happened or was diagnosed before or within three months of when this insurance started or was last reinstated
- sickness or injury that first appeared, happened or was diagnosed before the Review Date following the Child's second birthday
- congenital abnormalities that first appeared for the life insured, the life insured's Spouse or any of their Children, before this insurance started or was last reinstated,

- congenital abnormalities that first appeared before the Review Date following the Child's second birthday, or
- sickness or injury maliciously inflicted on the Child for the purpose of gain from this insurance.

Death Benefit (Feature of Income Protection Plus and Income Protection Standard insurances)

Your estate will receive six months' benefit as a lump sum if you die while the policy is in force. The maximum benefit is \$60,000.

Death Benefit (Feature of Business Expenses insurance)

This insurance pays three months' benefit as a lump sum if you die while the policy is in force.

The maximum benefit is \$30,000.

Elective Surgery Benefit

MLC will pay the monthly benefit if you are unable to work as a result of undergoing elective surgery performed by an appropriately qualified Doctor to donate an organ to another person, to improve your appearance as a result of sickness or injury, or on the advice of a medical practitioner.

The surgery must take place more than six months after your Income Protection insurance began or was last reinstated.

MLC will not pay any increase to your Income Protection benefit for surgery within six months of the increase.

Extended Cover Renewable To Age 70 (Feature of Income Protection Plus insurance)

Following your policy expiry date, at your 65th birthday, we'll give you the option to continue your Income Protection Plus insurance on altered terms until age 70, if you continue to work full-time and aren't receiving, or entitled to receive, benefits at the Review Date when you turn 65.

Please note: This isn't available if:

- your insurance expires before your 65th birthday, or
- you work in a special risk occupation.

If you're eligible, we'll write to you giving you the option to continue Income Protection Plus insurance.

If approved, extended cover will be provided under a new policy, and your existing policy will end.

Please see your adviser for more information.

Extended Leave Cover

Your cover continues for up to a year while you are on extended leave (you are not doing paid work), except as a direct result of disability or Sabbatical leave. MLC may approve longer periods in writing. For professional and clerical occupations, if you are on Sabbatical leave, the insurance can continue for up to two years. You must continue to pay premiums during this time.

HIV/AIDS Exclusion discount (Feature of Income Protection and Business Expenses insurances)

MLC will discount your premium if you do not want cover for HIV/AIDS and you are prepared to accept this exclusion.

Increases Without Further Medical Evidence (Feature of Income Protection Plus insurance)

You can request an increase in your Income Protection Plus monthly benefit, without needing to provide further medical evidence, by up to 20%, subject to the maximum insurable amount calculated based on the table on page 60 when any of the following events happen:

- you or your Spouse adopt or give birth to a child
- you get married or divorced
- you complete an undergraduate degree at a Government-recognised university
- you receive an increase in your Earnings of at least 10% in the previous 12 months
- you have a Child who starts secondary school, or
- if you take out, or increase, a Mortgage to purchase or improve your home.

You will need to provide financial evidence satisfactory to us to support the increase requested, proof of the event and request the increase in writing.

This increase will be in addition to any increases available under the Inflation Linked Option.

Summary of the terms and conditions for Income Protection and Business Expenses

Conditions that apply to increases without further medical evidence

The application for an increase in the monthly benefit must be made between the date the relevant event happens and 30 days after the first Review Date following the event.

Under this feature you can only apply for one increase during any three-year period. Your monthly benefit cannot be increased if:

- the life insured is over age 55
- you are being paid a benefit or are eligible to make a claim for a benefit
- a medical loading or exclusion applies to your insurance, or
- the total amount of all income protection insurance issued by us which covers the life insured exceeds \$30,000 per month.

For the first 12 months after your monthly benefit is increased without further medical evidence, the increased monthly benefit (excluding any increases due to the Inflation Linked Option) is only payable for Total Disability or Partial Disability caused by an Accident.

Indexed Claim Benefits

So that your benefits keep pace with Inflation, MLC will apply the Consumer Price Index (CPI) increase to:

- your monthly benefit, each year after benefits have been paid for a full year
- your pre-disability Earnings, when calculating your Partial Disability or Rehabilitation benefit.

Non-Occupational Cover Option (For Special Risk occupations only)

You can choose to exclude disabilities:

- which happen at work or as a result of work, or
- for which you can claim benefits under Workers Compensation or a similar compensation scheme regulated by legislation.

Occupational HIV, Hepatitis B or C Lump Sum Benefit (for certain occupations only under PPP Plus)

This option is only available for Income Protection Plus for certain medical occupations (such as doctors, surgeons, dentists, nurses and ambulance officers) if you also choose the Extra Benefits Option. MLC or your financial adviser can tell you if you are eligible.

MLC will pay you a lump sum if, while the policy is in force, you acquire HIV (Human Immunodeficiency Virus), Hepatitis B or Hepatitis C as a result of an occupational Accident while you are performing the normal duties of your occupation in the health industry.

The minimum benefit you can select is \$25,000 and the maximum benefit you can select is 100 times your monthly benefit to a maximum of \$500,000.

You (or someone representing you) must tell MLC you may become infected within 14 days of the incident or that you have become infected within 14 days of diagnosis. MLC will send a claim form and/or instructions for submitting proof of benefit entitlement.

Documented proof must be provided by you to MLC that:

- the incident did happen at work and involved a definite source of infection, including copies of the incident report, the names of the witnesses to the incident and confirmation of the source of infection
- the HIV, Hepatitis B or Hepatitis C is a new infection and that seroconversion from the relevant negative antibodies or antigens to positive antibodies or antigens has taken place within six months of the incident, based upon blood or body fluid samples tested by Australian Government approved pathology laboratories.

MLC must be allowed to independently retest the samples and/or take further samples for testing at MLC's cost.

MLC will not pay benefits for any Hepatitis B infection commencing within six months after this insurance began or was last reinstated.

MLC will not pay for any HIV, Hepatitis B or C infection:

- arising from intentionally self-inflicted infection
- first diagnosed after you die
- commencing after the appropriate government body has recommended a preventative vaccine for use in your occupation, but you have not taken this vaccine
- commencing after the appropriate government body has approved a

treatment which makes infection inactive and non-infectious

- occurring, or sickness first appearing, before the policy commenced or was last reinstated (unless disclosed to, and accepted by, MLC as part of the application or reinstatement process).

MLC will continue your Occupational HIV, Hepatitis B or C infection lump sum insurance until the benefit is paid or your Income Protection Plus insurance ends.

Premium waived while benefits are paid (Feature of Income Protection and Business Expenses insurances)

Premium paid (including premiums paid during the Waiting Period) for this insurance will be refunded while you are disabled and benefits are being paid. Premiums will still be due for other types of insurances and other people insured.

When benefits stop, we will start charging you premiums again, unless your this insurance ends.

Recurring Disability Benefit

For Income Protection insurance:

If the same disability recurs while this insurance is in force and within:

- six months (if your benefit period is five years or less)
- 12 months (if your benefit period is more than five years) of your return to full-time work, MLC will consider it a continuation of the original disability. You can claim as soon as the disability

recurs, with no new Waiting Period.

The cause of the disability must be the same as, or related to, the cause of the original disability.

If the disability recurs after this time, MLC will treat it as a new claim.

For Business Expenses insurance:

If the same disability recurs while this insurance is in force and within six months MLC will consider it a continuation of the original disability.

You can claim as soon as the disability recurs, with no new Waiting Period. The cause of the disability must be the same as, or related to, the cause of the original disability.

If the disability recurs after this time, MLC will treat it as a new claim.

Rehabilitation Expenses (outside super only)

In addition to any Rehabilitation benefit payable, we will pay up to six times your monthly benefit (Standard) or 12 times your monthly benefit (Plus) for approved rehabilitation expenses, such as the cost of a rehabilitation course or special equipment, to help you return to work.

Rehabilitation Bonus (outside super only)

While MLC pays you Rehabilitation benefits MLC may approve a benefit increase of 50% for up to 12 months unless double benefits for specified conditions are payable under the Extra Benefits Option during the same period.

Short Waiting Period for Accidental Injury Option (outside super only except farmers under the Farmers Package, 14 or 30 day Waiting Periods apply.)

This option allows you to receive benefits while you're Totally Disabled during the Waiting Period. You're eligible to receive benefits from the fourth consecutive day of your Total Disability during the Waiting Period.

If you're already eligible for Benefits during the Waiting Period under the Extra Benefits Option, you won't be eligible for this feature.

Your Total Disability must be caused by an Accident and begin within 30 days of the Accident.

Waiting Period Conversion (Feature of Income Protection Standard and Plus insurances, except for Special Risk Occupations or under Farmers Package)

You can apply to change the Waiting Period of this insurance from 24 months to 90 days without further medical evidence if you have left your employer and your cover under an eligible Group Salary Continuance scheme or other similar arrangement (Salary Continuance Arrangement) ends and the conditions (outlined below) are met.

Apart from medical history, all aspects of your history will be assessed to determine whether we can offer to convert the Waiting Period and, if so, the conditions which may apply.

Summary of the terms and conditions for Income Protection and Business Expenses

We may decline to accept the application to convert the Waiting Period on the basis of this evidence or information, when considered in light of our standard underwriting guidelines applicable at the time of the application to convert the Waiting Period.

Alternatively, we may accept the conversion subject to a change to the occupation category that applies or a change to the monthly benefit.

Conditions that apply to the Waiting Period conversion

The Waiting Period conversion can only be exercised by you if:

- when the insurance started the Waiting Period was 24 months,
- when the insurance started you were insured under a Salary Continuance Arrangement which has a 24 months benefit period,
- you have left your employer and your cover under the Salary Continuance Arrangement has ended,
- you don't exercise a continuation option under the Salary Continuance Arrangement,
- you are Gainfully Employed and your Earnings are greater than or equal to your average Earnings in the continuous 12-month period before cover under the Salary Continuance Arrangement ended,
- you have not ceased Gainful Employment due to sickness or injury,
- you have not made or are not eligible to make a claim under:
 - the Salary Continuance Arrangement,

- any other policy providing disability income insurance with any life insurer, or
- any TPD benefit with any life insurer,
- it is exercised within 60 days of the cover under the Salary Continuance Arrangement ending,
- the insurance is not part of a transfer from another MLC product or has not been issued as part of a continuation option, unless it has been fully underwritten,
- you provide evidence satisfactory to us to support the request to convert the Waiting Period,
- it is exercised before the policy anniversary following your 55th birthday.

A Salary Continuance Arrangement includes a Group Salary Continuance scheme, or similar arrangement provided by an employer that was issued by a life company registered in Australia.

4. General exclusions that apply for:

- **Income Protection, and**
- **Business Expenses insurance**

The general exclusions below apply to each insurance as described.

Certain benefits, features, options and definitions may have additional specific exclusions. These can be found in this PDS in the terms and conditions for the relevant benefit, feature or option, or in the relevant definition.

Income Protection - When won't a benefit be paid?

You won't receive a benefit for any disability, condition or loss arising from, or contributed to, by:

For all Income Protection policy types:

- intentional self-inflicted injury or attempted suicide
- normal and uncomplicated pregnancy or childbirth
- any sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process), or
- war or warlike operations (doesn't apply to any benefit payable on your death).

For Income Protection Standard (additional exclusions):

- chronic fatigue syndrome or fibromyalgia
- Mental Disorder and/or alcohol, drug or chemical abuse or dependency except where you are confined indoors and, under the direction of an appropriately qualified Doctor, are receiving full-time nursing care or continuous supervision (not provided by a member of your immediate family) to protect yourself or other people.

Business Expenses - When won't a benefit be paid?

We won't reimburse you for expenses incurred for any disability, condition or loss arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide
- normal and uncomplicated pregnancy or childbirth
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process), or
- war or warlike operations (this exclusion doesn't apply to any benefit payable on your death).

We won't reimburse you for expenses such as:

- expenses you could claim from elsewhere
- payment or other benefits of any kind to you
- any expense not normally paid before the disability
- repayment of the principal of a loan or mortgage that started less than a year before the disability, or
- the cost of equipment or merchandise for your business.

Summary of the terms and conditions for Income Protection and Business Expenses

5. General termination events when the following insurances end:

- **Income Protection**
- **Occupational HIV, Hepatitis B or C Infection, and**
- **Business Expenses**

The general termination events below apply to each insurance as described.

Certain benefits, features, options may have additional criteria for when they will end. These can be found in this PDS in the terms and conditions for the relevant benefit, feature or option.

Income Protection - When will your insurance end

Your Income Protection insurance will end when:

- the insurance is cancelled at your request (cover ceases on the next Paid-to Date and MLC will not refund any premium paid up to then)
- the insurance is cancelled because you stop paying premiums
- the policy is cancelled because you make a fraudulent claim
- for LCS, the policy is converted to non-superannuation insurance (insurance will continue as detailed on page 38)
- for Special Risk Occupations, renewal is declined by MLC
- you cease working for more than 12 months (or two years if you are on Sabbatical from a professional or clerical occupation), except as a direct result of disability or if MLC approves an extension in writing
- you reach your 65th birthday
- you retire, or stop work and do not intend to work anymore, for reasons other than disability
- you reach the Termination Date shown in your Schedule
- you die.

Occupational HIV, Hepatitis B or C Infection insurance - When will your insurance end?

Your Occupational HIV

Hepatitis B or C Infection insurance will end when:

- the insurance is cancelled at your request (cover ceases on the next Paid-to Date and MLC will not refund any premium paid up to then)
- we pay your full benefit under this particular cover
- you die
- you reach your 65th birthday
- the insurance is cancelled because you stop paying premiums
- your Income Protection insurance is terminated or cancelled
- the policy is cancelled because you make a fraudulent claim, or
- you reach the Termination Date shown in your Schedule.

Business Expenses - When will your insurance end?

Your Business Expenses insurance will end when:

- the insurance is cancelled at your request (cover ceases on the next Paid-to Date and MLC will not refund any premium paid up to then)
- the insurance is cancelled because you stop paying premiums (unless MLC is paying you benefits)
- the policy is cancelled because you make a fraudulent claim
- you reach your 65th birthday
- you reach the Termination Date in your Schedule
- you cease working for more than 12 months, except as a direct result of disability or if MLC has agreed in writing to extend this period
- you retire, or stop work and do not intend to work anymore, for reasons other than disability
- you die.

5

Key medical and disability definitions



1. Medical Condition definitions relating to Critical Illness and Income Protection

Note: The Life Insurance Code of Practice may define minimum standard definitions that apply for certain medical conditions under Critical Illness insurance where we issued your Life Insurance Policy on or after 1 July 2017, and may change from time to time.

Where you make a critical illness claim for cancer, a heart attack or a stroke, we will assess your claim against the most favourable of:

- the applicable definition in our PDS/Policy Document linked to the full benefit amount; and
- if different, the corresponding medical definition in the Life Insurance Code of Practice (The Code) (or other minimum standard endorsed in final form by the Financial Services Council and that we accept) that is current at the time the claimable event occurs.

For the purposes of the Critical Illness Extra Benefits Option Child means your natural, adopted or step child.

Adult Onset Insulin Dependent Diabetes Mellitus (partial benefit)

The diagnosis after the age of 30 of Type 1 diabetes mellitus for which insulin is required for survival.

Advanced Endometriosis – of specified severity (partial benefit)

The presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity.

Advanced endometriosis is a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, and/or the presence of endometriomas (cysts containing endometriotic material), and/or the presence of deep endometrial deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel for which surgical treatment is required.

Aorta Repair – excluding less invasive surgeries

The correction of narrowing, dissection or aneurysm of the aorta through the chest or abdominal wall. It does not include angioplasty, intra-arterial procedures or other non-surgical procedures.

Aplastic Anaemia – of specified severity

Means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring as a minimum one of the following treatments:

- marrow stimulating agents
- bone marrow transplantation
- blood product transfusions
- immunosuppressive agents.

Bacterial Meningitis – of specified severity

Severe inflammation of the membrane that surrounds the brain and spinal cord which results in a permanent impairment of at least 25% of whole person function. Bacterial meningitis as a result of HIV infection is not covered.

Benign Brain Tumour – of specified severity

The presence of a non-cancerous tumour of the brain or spinal cord which is histologically confirmed and results in:

- at least 25% permanent impairment of the whole person function, or

- the undergoing of neurosurgical intervention for its removal.

The following are not included:

- intracranial cysts, granulomas and haematomas
- intracranial malformation in or of the arteries and veins, and
- tumours of the pituitary gland.

Blindness – of specified severity

The permanent loss of all sight in both eyes, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Cancer – excluding specified early stage cancers

The presence of one or more malignant tumours, leukaemia or lymphomas.

The following are excluded:

- Chronic lymphocytic leukaemia in its early stages (less than RAI stage 1).
- Prostate cancer which is histologically described as TNM classification T1(a) or (b) or another equivalent or lesser

classification with a Gleason score of 5 or less unless:

- the person insured is required to undertake major interventionist therapy including radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment, or
- the tumour is completely untreatable.
- Carcinoma in situ, cervical dysplasia CIN1, CIN2, and CIN3, or premalignant tumours.
- Carcinoma in situ of the breast, except where it leads to the removal of the breast by a mastectomy or removal of the carcinoma in situ by breast conserving surgery (lumpectomy, complete local excision, wide local excision, partial mastectomy), together with radiotherapy or chemotherapy. The procedure must be performed as a direct result of the carcinoma in situ and specifically to arrest the spread of malignancy, and be considered the necessary and appropriate treatment.
- Skin cancer other than melanoma that:
 - shows signs of ulceration as determined by histological examination, or
 - is greater than 1.0 mm thick, or
 - is least Clark Level 3 of invasion.
- Hyperkeratosis or basal cell skin carcinoma.
- Squamous cell skin carcinoma unless it has spread to other organs.
- All non-melanoma skin cancers unless having spread to the bone, lymph node or an other distant organ.

Carcinoma In Situ of the Breast – of specified severity (partial benefit)

The presence of histologically proven localised pre-invasive cancer in the breast, where cancer cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma.

This includes, but is not limited to, pre-invasive cancer of the milk ducts or lobules.

Carcinoma In Situ - Female Reproductive Organs – of specified severity (partial benefit)

The presence of histologically proven carcinoma in situ of:

- corpus uteri
- fallopian tube
- ovary
- perineum (excluding skin equivalent cancers)
- vagina (excluding skin equivalent cancers)
- vulva (excluding skin equivalent cancers)
- cervix.

Carcinoma in situ means a focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The carcinoma in situ must be classified as Tis according to the TNM staging method or FIGO Stage 0.

Cardiomyopathy – of specified severity

The inability of the heart muscle to function properly resulting in permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Chronic Kidney Failure – requiring permanent dialysis or transplantation

The final stage of kidney disease that requires permanent dialysis or a transplant.

Chronic Liver Failure – of specified severity

The final stage of liver disease with at least two of the following conditions:

- permanent jaundice,
- ascites (abnormal retention of fluids within the abdominal cavity)
- deteriorating liver function tests, and
- encephalopathy (related brain disease).

Chronic Lung Failure – of specified severity

The final stage of lung disease, needing a permanent extra oxygen supply and with lung function tests known as FEV1 consistently showing results of less than one litre.

Coma – with specified criteria

A total loss of consciousness and responsiveness in which the life insured is incapable of sensing or responding to external stimuli that results in a documented Glasgow Coma Scale of 6 or less for at least 72 hours.

1. Medical Condition definitions relating to Critical Illness and Income Protection

Congenital Abnormalities of a Child – of specified severity (partial benefit)

If the life insured or life insured's Spouse gives birth to a Child that survives for at least 28 days and is diagnosed with one of the following:

- Down's syndrome – a specific genetic abnormality caused by an extra chromosome 21 that causes mental retardation and physical abnormalities.
- Spina bifida – defective closure of the spinal column due to neural tube deficit with a meningomyelocele or meningocele and resulting in neurological deficit.
- Tetralogy of Fallot – an anatomical abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition.
- Transposition of great vessels – a congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery from the left ventricle. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition.
- Congenital Blindness – complete absence of the sense of sight from birth.
- Congenital Deafness – complete absence of the sense of hearing from birth.

Congenital abnormalities that first appeared in a Child, before this Extra

Benefits Option started or was last reinstated, are not covered for any existing or future children.

Benefits are not payable if payment has been made under 'Inability of a Child to gain Independence', or 'Death of a Child'.

Coronary Artery Angioplasty

An operation to correct narrowing or obstruction of one or more coronary arteries. Intra-arterial investigation procedures are not included.

This critical condition applies only for policies where the Critical Illness benefit is \$100,000 or more.

The benefit payable for this critical condition is 10% of the life insured's Critical Illness benefit up to a maximum of \$20,000 per event.

After this benefit is paid, this type of insurance will continue, with the benefit reduced by the amount paid. Critical Illness premiums will be reduced in line with the reduced benefit.

A benefit will be paid for subsequent angioplasty procedures provided that they are necessary and occur at least six months apart.

Coronary Artery Angioplasty - Triple Vessel

The actual undergoing for the first time of an operation to correct narrowing or obstruction of three or more coronary arteries within the same procedure when considered the necessary and appropriate treatment.

The benefit payable for Coronary Artery Angioplasty – Triple Vessel is 100% of the life insured's Critical Illness benefit.

Coronary Artery Bypass Surgery

– excluding less invasive procedures

The surgical grafting of a bypass to a coronary artery to overcome narrowing or obstruction. It does not include Coronary Artery Angioplasty, intra-arterial procedures or other non-surgical procedures.

Deafness – permanent

Permanent loss of all hearing in both ears.

Deafness in One Ear – total and irreparable (partial benefit)

The total, irreversible and irreparable loss of hearing in one ear, whether aided or unaided.

Death of a Child (partial benefit)

If the life insured has a Child that dies whilst the policy is in force, MLC will pay you a partial benefit.

Benefits are not payable:

- if the death of an existing or future Child is caused or contributed to by an injury that occurred or sickness that first appeared before this Extra Benefits Option commenced or was last reinstated, and
- if payment has been made under 'Congenital Abnormalities of a Child', 'Specified Complications Of Pregnancy', or 'Inability Of A Child To Gain Independence'.

Dementia or Alzheimer's Disease

– permanent and of specified severity

The unequivocal diagnosis of Dementia or Alzheimer's disease that results in:

- permanent failure of brain function resulting in significant cognitive impairment, and
- a deterioration in the life insured's Mini-Mental State Examination score to 24 or less.

Early Stage Chronic Lymphocytic Leukaemia (CLL) – of specified severity (partial benefit)

The presence of chronic lymphocytic leukaemia diagnosed as less than RAI stage 1 (characterised by lymphocytosis and enlarged lymph nodes).

Early Stage Melanoma – of specified severity (partial benefit)

The presence of one or more malignant melanomas. The melanoma must be less than or equal to 1.0mm depth of invasion or Clark Level 3. The diagnosis must be by biopsy. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells.

Early Stage Prostate Cancer – of specified severity (partial benefit)

The presence of prostate cancer histologically described as:

- TNM classification T1 (a) or (b) (or another equivalent classification), or
- a Gleason score of five or less.

Encephalitis – of specified severity

Severe inflammation of brain substance which results in the life insured suffering either:

- permanent loss of at least 25% of either the brain's mental function or its physical control function, or
- permanent

- loss of the ability to perform one or more Activities of Daily Living (ADL) without physical help from someone else, or
- severe cognitive impairment (with a score of 15 or less out of 30 in a Mini Mental State Examination) which leads to the need for continuous supervision to protect the life insured or other people. A Mini Mental State Examination tests various functions including arithmetic ability, memory and physical orientation to assess cognitive ability.

The permanent loss or impairment described above must have existed continuously for at least six months.

Encephalitis occurring in patients with HIV infection is not covered.

Facial Reconstructive Surgery and Skin Grafting – of specified severity (partial benefit)

The undergoing of skin grafting and plastic or reconstructive surgery above the neck which is deemed medically necessary for the treatment of facial disfigurement as a direct result of an Accident requiring inpatient hospital treatment of the life insured. The Accident must occur while the insurance is in force.

Heart Attack – with evidence of severe heart muscle damage

Heart attack means the death of a portion of the heart muscle as a result of inadequate blood supply, where the diagnosis is supported by the detection of a rise and/or fall of cardiac biomarker values with at least one value above the 99th percentile upper reference limit (URL) and with at least three of the following:

- a) Symptoms of ischaemia.
- b) New significant ST-segment-T wave (ST-T) ECG changes or new left bundle branch block (LBBB).
- c) Development of new pathological Q waves in the ECG.
- d) Imaging evidence of new regional wall motion abnormality present at least six weeks after the event.

If the tests specified in a) to d) above are inconclusive or unable to be met, then the definition will be met if at least three months after the event the insured's left ventricular ejection fraction is less than 50 per cent.

The following are not covered:

- A rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease.
- Other acute coronary syndromes including but not limited to angina pectoris.

Heart Valve Surgery – of specified severity

The surgical repair or replacement of a defective heart valve or valves, excluding intra-arterial procedures or other non-surgical procedures.

HIV Contracted Through Medical Procedures

Accidental infection with Human Immunodeficiency Virus (HIV) as a direct result of one of the following medical procedures:

- blood transfusion, or transfusion with blood products
- organ transplant to the life insured

1. Medical Condition definitions relating to Critical Illness and Income Protection

- assisted reproductive techniques, or
- any other procedure or operation performed by a medical practitioner or dentist.

The procedure must have occurred in Australia and have been performed by a recognised and registered medical practitioner or dentist.

Any event that might lead to a claim must be reported to us within 14 days. The claim must be supported by a negative HIV antibody test on a blood sample taken immediately after the event.

We must have access to the blood sample tested and must be able to take further samples if we think this is needed.

Seroconversion must occur within six months of the event. A benefit will not be paid if any of the following are true:

- the HIV infection has any other cause, including sexual activity or recreational intravenous drug use, or
- the Australian Government has approved a treatment which makes HIV inactive and non-infectious.

HIV Contracted Through Your Work

Infection with Human Immunodeficiency Virus (HIV) as a result of an injury while the life insured is working at their normal occupation.

Any Injury that might lead to a claim must be reported to us within 14 days. The claim must be supported by a negative HIV antibody test on a blood sample taken immediately after the Injury. We must have access to the blood sample tested and must be able to take further samples if we think this is needed.

Seroconversion must occur within 6 months of the Injury.

A benefit will not be paid if any of the following are true:

- the HIV infection has any other cause, including sexual activity or recreational intravenous drug use,
- before the injury the Australian Government has recommended an HIV vaccine for use in the life insured's occupation, but the life insured has not taken this vaccine, or
- the Australian Government has approved a treatment which makes HIV inactive and non-infectious.

Inability of a Child to Gain Independence – of specified severity (partial benefit)

The life insured's Child, as a result of sickness or injury, will be permanently unable to perform any two or more of the following groups of activities of daily living without physical help from someone else:

- bathing or showering
- dressing
- moving from place to place, in and out of bed and in and out of a chair
- eating and drinking
- using the toilet.

The life insured's Child also suffers an inability to gain independence which results in permanent loss of at least 25% of either the brain's mental function or its physical control function which leads to a need for continuous supervision of the Child to protect them or other people.

A claim can only be made once the initial assessment or diagnosis is reconfirmed after six months. Benefits are not payable:

- if the inability of an existing or future Child to gain independence is caused or contributed to by sickness or injury that first appeared, happened or was diagnosed before this Extra Benefits Option started or was last reinstated, and
- if payment has been made under 'Congenital Abnormalities of a Child' or 'Death of a Child'.

Intensive Care – requiring continuous mechanical ventilation for 10 days

Mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an intensive care unit of an acute care hospital.

Loss of Independence – of specified severity

The life insured suffers a Loss of Independence if, as a result of sickness or injury they are permanently unable to perform any 2 or more Activities of Daily Living without physical help from someone else. The life insured also suffers a Loss of Independence if they have severe permanent cognitive impairment (with a score of 15 or less out of 30 in a Mini Mental State Examination) which leads to a need for continuous supervision of the life insured to protect them or other people.

A Mini Mental State Examination is a test which samples various functions including arithmetic, memory and orientation to assess cognition.

The Loss of Independence circumstances must have existed continuously for at least six months.

Loss of One Foot or One Hand – total and irrecoverable (partial benefit)

The total and irrecoverable loss, or loss of the use, of the following:

- one foot, or
- one hand.

Loss of Sight in One Eye – of specified severity (partial benefit)

The permanent loss of sight in one eye, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less.

Loss of Speech – of total and permanent

Total and permanent loss of ability to speak. A claim can only be made once the initial diagnosis is reconfirmed after three months.

Major Brain Injury – of specified severity

Physical head injury that results in the life insured suffering either:

- a permanent loss of at least 25% of the brain's mental or physical control function, or
- permanent:
 - loss of the ability to perform one or more Activities of Daily Living (ADL) without physical help from someone else, or
 - severe cognitive impairment (with a score of 15 or less out of 30 in a Mini Mental State Examination) which leads to a need for continuous supervision to protect the life insured or other people. A Mini Mental State Examination tests

various functions including arithmetic ability, memory and physical orientation to assess cognitive ability.

The permanent loss or impairment described above must have existed continuously for at least six months.

Major Burns – of specified severity

Full thickness burns to 20% or more of the body surface, or to 50% of the face or 50% of both hands requiring surgical debridement and/or grafting.

Major Organ or Bone Marrow Transplant

The transplant, or placement on an Australian waiting list approved by us for:

- transplant of any of the following organs from a human donor to the life insured:
 - kidney
 - liver
 - heart
 - lung
 - pancreas
 - small bowel, or
- bone marrow transplant.

This treatment must be considered medically necessary and the condition affecting the organ or bone marrow deemed untreatable by any other means other than transplant, as confirmed by a specialist.

Meningococcal Septicaemia – of specified severity

Severe infection in the blood stream that causes blood poisoning which results in a

permanent impairment of at least 25% of whole person function.

Motor Neurone Disease

The progressive weakening and wasting of the muscles of the body. The unequivocal diagnosis of motor neurone disease must be certain and supported by neurological investigations.

Multiple Sclerosis – of specified severity

The progressive destruction of the insulating layer of myelin in the brain and spinal cord. The unequivocal diagnosis of Multiple Sclerosis must be by a consultant neurologist.

There must be more than one episode of defined neurological deficit with persistent abnormalities. Neurological investigation such as lumbar puncture, MRI (Magnetic Response Imaging), evidence of lesions in the central nervous systems and evoked visual responses are required to confirm diagnosis.

Muscular Dystrophy – unequivocal diagnosis

The unequivocal diagnosis of muscular dystrophy by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigations.

Open Heart Surgery

Open heart surgery for the treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour.

Orchidectomy (as required to diagnose Carcinoma In Situ of the testicle) – with specific requirements (partial benefit)

1. Medical Condition definitions relating to Critical Illness and Income Protection

The removal of one or both testes by radical orchidectomy as required to positively or negatively diagnose Carcinoma in Situ (Tis) of the testicle. The removal must be the appropriate and necessary treatment.

Orchidectomy for any other reason is specifically excluded.

Out Of Hospital Cardiac Arrest

Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to cardiac asystole or ventricular fibrillation with or without ventricular tachycardia.

Paralysis

Total and permanent loss of the function of two or more limbs caused by damage to the nervous system.

Parkinson's Disease – of specified severity

The unequivocal diagnosis of degenerative idiopathic Parkinson's disease, as characterised by the clinical manifestations of one or more of:

- rigidity
- tremor
- akinesia from degeneration of the nigrostriatal system.

All other types of Parkinsonism, including secondary parkinsonism due to medication, are excluded.

Pneumonectomy – complete removal of entire lung

The removal of an entire lung when considered the necessary and appropriate treatment.

Primary Pulmonary Hypertension – of specified severity

A condition associated with right ventricular enlargement established by cardiac catheterisation resulting in permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Serious Accidental Injury (partial benefit)

The life insured suffers a serious accidental injury resulting in confinement to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a registered Doctor.

Severe Diabetes – of specified severity

Severe diabetes mellitus, either Insulin or Non-Insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following criteria:

- Severe Diabetic Retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes
- Severe Diabetic Neuropathy causing motor and/or autonomic impairment
- Diabetic Gangrene leading to surgical intervention
- Severe Diabetic Nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory/ies measured normal range).

Severe Osteoporosis – before age 50 and of specified severity

The life insured:

- before the age of 50, suffers at least two vertebral body fractures and/or a fracture of the neck of femur, due to osteoporosis, and
- has bone mineral density reading with a T-score of less than -2.5 (ie 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe Rheumatoid Arthritis – of specified severity

The unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:

- at least a six-week history of severe rheumatoid arthritis which involves three or more of the following joint areas:
 - proximal interphalangeal joints in the hands
 - metacarpophalangeal joints in the hands
 - metatarsophalangeal joints in the foot
 - wrist, elbow, knee, or ankle
- simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone)
- typical rheumatoid joint deformity, and
- at least two of the following criteria:
 - morning stiffness
 - rheumatoid nodules
 - erosions seen on x-ray imaging

- the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.

Or, if the above criteria is not met we will also consider under the following definition:

The diagnosis must be supported and evidenced by all of the following criteria:

- diagnosis of Rheumatoid Arthritis as specified by the American College of Rheumatology and European League Against Rheumatism: 2010 Rheumatoid Arthritis Classification Criteria; and
- symptoms and signs of persistent inflammation (arthralgia, swelling, tenderness) in at least 20 joints or 4 large joints (ankles, knees, hips, elbows, shoulders); and
- the insured person has failed at least 6 months of intensive treatment with two conventional disease modifying antirheumatic drugs (DMARDs). This excludes corticosteroids and non steroidal anti-inflammatories; and
- the disease must be progressive and non-responsive to all conventional therapy.

Conventional therapy includes those medications available through the Australian Pharmaceutical Benefits Scheme excluding those on the “specialized drugs” list for Rheumatoid Arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

Specified Complications of Pregnancy (partial benefit)

The life insured is diagnosed with one of the following:

- Disseminated Intravascular Coagulation (DIC) where there is a pregnancy related cause of the DIC which has resulted in a life threatening haemorrhage from multiple sites.
- Ectopic pregnancy – pregnancy in which implantation of a fertilised ovum occurs outside the uterine cavity. The ectopic pregnancy must be terminated by laparotomy or laparoscopic surgery.
- Hydatidiform mole – the development of fluid-filled cysts in the uterus after the degeneration of the chorion during pregnancy which results in death of the embryo.
- Stillbirth – the birth of an infant after at least 28 weeks of pregnancy, which shows no signs of life after birth.

Elective termination of pregnancy is specifically excluded.

Benefits are not payable if payment has been made under ‘Death of a Child’.

Stroke – in the brain and of specified severity

An incident in the blood vessels of the brain or bleeding in the brain leading to neurological effects that last for at least 24 hours.

There must be clear evidence on a CT, MRI or similar scan that a stroke has occurred.

Transient ischaemic attacks, symptoms due to migraine, vascular disease of the optic nerve, physical head injury, reversible neurological deficit or any

blood vessel incident outside the cranium, except embolism resulting in stroke, are excluded.

Type 1 Diabetes (Child Support and Child Income Support benefit)

Means diabetes mellitus type 1 with an early onset, which requires insulin injections to control the disease.

2. Total and Permanent Disability (TPD) and Loss of Independence Definitions

To claim under this insurance all terms of the policy definition must be met. Diagnosis and certification must be provided by a Doctor who is an appropriate specialist and confirmed by MLC's medical adviser.

When will MLC pay?

TPD	MLC will pay your full TPD benefit if you become Totally and Permanently Disabled until the Review Date after you turn 65.
Loss of Independence See page 85	MLC will pay your full Loss of Independence benefit, up to a maximum of \$3,000,000, if you lose your independence following the Review Date after you turn 65.
Stand-alone TPD and Loss of Independence	For a claim to be payable for stand-alone TPD and Loss of Independence you must survive for at least: <ul style="list-style-type: none"> • three months to claim for TPD or Loss of Independence • 14 days to claim for TPD based on the total and irrecoverable loss of limbs or sight. If you die within 14 days after becoming Totally and Permanently Disabled, MLC will pay a benefit of \$5,000.

TPD - Any Occupation Definition

Totally and Permanently Disabled (this applies until the Review Date after the Life Insured reaches age 65)

Where this Total and Permanent Disability and Loss of Independence insurance first commenced after 30 June 2014 under an LCS policy or a PPP policy owned by a SMSF, the Life Insured must also be Permanently Incapacitated.

If, at the time the disability begins, the Life Insured is Gainfully Employed or has been Gainfully Employed during the previous 12 months, they are Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:

- (a)
- as a result of their disability they are completely unable to work at any occupation they are reasonably suited to by way of education, experience or training that would result in a rate of Earnings of more than 25% of their

rate of Earnings during the continuous 12 month period before they were disabled, and are unlikely ever to be able to do so again; and

- these circumstances have existed continuously for at least 3 months,
- or
- (b)
- they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us); and
 - as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again,

or

(c) they have suffered from the total and irrecoverable loss of:

- the use of both hands; or
- the use of both feet; or
- the sight in both eyes; or
- the use of one hand and one foot; or
- the use of one foot and the sight in one eye; or
- the use of one hand and the sight in one eye.

If, at the time the disability begins, the Life Insured is not Gainfully Employed and has not been Gainfully Employed during the previous 12 months, they are Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in paragraphs (d), (e) or (f) below:

- (d)
- as a result of their disability they are completely unable to work at any occupation they are reasonably suited to by way of education, experience or

training, and are unlikely ever to be able to do so again; and

- these circumstances have existed continuously for at least 3 months,

or

(e)

- they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us); and
- as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again,

or

(f) they have suffered from the total and irrecoverable loss of:

- the use of both hands; or
- the use of both feet; or
- the sight in both eyes; or
- the use of one hand and one foot; or
- the use of one foot and the sight in one eye; or
- the use of one hand and the sight in one eye.

If, at the time the disability begins, the Life Insured is not Gainfully Employed, has not been Gainfully Employed during the previous 12 months and was performing full time domestic duties or child rearing, they are Totally and

Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (g), (h) or (i) below:

(g)

- as a result of their disability they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again; and
- these circumstances have existed continuously for at least 3 months,

or

(h)

- they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us); and
- as a result of this impairment, they are disabled to such an extent that they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again,

or

(i) they have suffered from the total and irrecoverable loss of:

- the use of both hands; or
- the use of both feet; or
- the sight in both eyes; or
- the use of one hand and one foot; or
- the use of one foot and the sight in one eye; or
- the use of one hand and the sight in one eye.

Where the Life Insured is not Gainfully Employed and has not been Gainfully Employed during the previous 12 months, the definition that will apply to the Life Insured will be the one closest to the Life Insured's circumstances.

TPD - Own Occupation Definition

Totally and Permanently Disabled (this applies until the Review Date after the Life Insured reaches age 65)

After 30 June 2014, this definition isn't available for new insurance under an LCS policy or a PPP policy owned by an SMSF.

The Life Insured's own occupation means the occupation in which they were engaged at the time of their application for this type of insurance unless they have changed their occupation since then. Where the change is to an occupation or occupation category that is eligible for the own occupation definition, You may choose to have a claim assessed under either the Life Insured's occupation at the time of their application or their occupation immediately prior to their date of disability. Where the change is to an occupation or occupation category that is not eligible for the own occupation definition the claim will be assessed under the Life Insured's occupation at the time of their application.

If, at the time the disability begins, the Life Insured is Gainfully Employed or has been Gainfully Employed during the previous 12 months, the Life Insured is Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:

2. Total and Permanent Disability (TPD) and Loss of Independence Definitions

- (a)
- as a result of their disability they are completely unable to work at their own occupation and are unlikely ever to be able to do so again; and
 - these circumstances have existed continuously for at least 3 months and during such period the Life Insured has not been working in any occupation,
- or
- (b)
- they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us); and
 - as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their own occupation and are unlikely ever to be able to do so again,
- or
- (c) they have suffered from the total and irrecoverable loss of:
- the use of both hands; or
 - the use of both feet; or
 - the sight in both eyes; or
 - the use of one hand and one foot; or
 - the use of one foot and the sight in one eye; or
 - the use of one hand and the sight in one eye.
- If, at the time the disability begins, the Life Insured is not Gainfully Employed and has not been Gainfully Employed
- during the previous 12 months, they are Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (d), (e) or (f) below:
- (d)
- as a result of their disability they are completely unable to work at any occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again; and
 - these circumstances have existed continuously for at least 3 months,
- or
- (e)
- they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us); and
 - as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again,
- or
- (f) they have suffered from the total and irrecoverable loss of:
- the use of both hands; or
 - the use of both feet; or
 - the sight in both eyes; or
 - the use of one hand and one foot; or
- the use of one foot and the sight in one eye; or
 - the use of one hand and the sight in one eye.
- If, at the time the disability begins, the Life Insured is not Gainfully Employed, has not been Gainfully Employed during the previous 12 months and was performing full time domestic duties or child rearing, they are Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (g), (h) or (i) below:
- (g)
- as a result of their disability they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again; and
 - these circumstances have existed continuously for at least 3 months,
- or
- (h)
- they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us); and
 - as a result of this impairment, they are disabled to such an extent that they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again,

or

(i) they have suffered from the total and irrecoverable loss of:

- the use of both hands; or
- the use of both feet; or
- the sight in both eyes; or
- the use of one hand and one foot; or
- the use of one foot and the sight in one eye; or
- the use of one hand and the sight in one eye.

Where the Life Insured is not Gainfully Employed and has not been Gainfully Employed during the previous 12 months, the definition that will apply to the Life Insured will be the one closest to the Life Insured's circumstances.

TPD - Loss of Independence
Definition - (this applies on and from the Review Date after the Life Insured reaches age 65)

The Life Insured suffers a Loss of Independence if, continuously for at least 3 months, and as a result of Sickness or Injury, they satisfy the criteria in paragraphs (a), (b) or (c):

(a)

They have suffered from the total and irrecoverable loss of:

- the use of both hands; or
- the use of both feet; or
- the sight in both eyes; or
- the use of one hand and one foot; or
- the use of one foot and the sight in one eye; or

- the use of one hand and the sight in one eye.

or

(b)

They are permanently unable to perform any 2 or more of the following groups of activities of daily living without physical help from someone else:

- bathing or showering
- dressing
- moving from place to place, in and out of bed and in and out of a chair
- eating and drinking
- using the toilet.

or

(c)

They have severe permanent cognitive impairment (with a score of 15 or less out of 30 in a 'mini mental state examination'), which leads to a need for continuous supervision of the Life Insured to protect them or other people.

A mini mental state examination is a test which samples various functions including arithmetic, memory and orientation to assess cognition.

Where this Total and Permanent Disability and Loss of Independence insurance first commenced after 30 June 2014 under an LCS policy or a PPP policy owned by a SMSF, the Life Insured must also be Permanently Incapacitated.

3. Total Disability and Partial Disability Definitions relating to Income Protection and Business Expenses insurances

Income Protection

Total Disability

The definition of total disability depends on the Income Protection insurance you choose.

Your inability to work must be due to sickness or injury.

If you are working for Earnings, payment or profit, you will not be eligible for Total Disability benefits but you may be eligible for Partial Disability or Rehabilitation benefits.

MLC will pay benefits for total and partial disability and rehabilitation only while a Doctor is regularly treating you. MLC will review the benefit regularly and may require further proof of continued disability.

Total Disability (Income Protection Plus)

You are totally disabled if you are continuously unable to do at least one of the important duties of your occupation necessary to producing your income.

Total Disability (Income Protection Standard)

You are totally disabled if, during the first two years of disability, you are continuously unable to do at least one of the important duties of your occupation necessary to producing your income.

After the two years, you are totally disabled only if you are unable to do the important duties of any occupation you are suited to by way of education, training or experience.

Partial Disability and Rehabilitation

MLC will pay a reduced monthly benefit if you remain continuously unable to fully perform the duties of your own occupation as a direct result of the sickness or injury which caused your total disability, but you do one of the following:

- return to work in your own or another occupation
- begin a vocational rehabilitation programme approved by government or MLC.

The Partial Disability or Rehabilitation benefit must follow total disability of at least 14 days or from the end of your Waiting Period, whichever is later.

For PPP only, where partial disability or rehabilitation is due to one of the following specified conditions, a prior period of total disability is not required to be eligible for those benefits:

- Motor Neurone Disease
- Muscular Dystrophy - unequivocal diagnosis
- Multiple Sclerosis - of specified severity
- Parkinson's Disease - of specified severity.

The specified condition must satisfy all of the terms of its definition, be diagnosed by an appropriate specialist and be confirmed by MLC's medical adviser. These specified conditions are defined in 'Critical conditions definitions' on pages 74 - 81.

The maximum period of time MLC will pay Partial Disability or Rehabilitation benefits depends on the Income Protection insurance you choose.

Partial Disability (Income Protection Plus)

MLC will pay Partial Disability or Rehabilitation benefits up to the end of the benefit period.

Partial Disability (Income Protection Standard)

MLC will pay Partial Disability or Rehabilitation benefits for up to a maximum of six months. If the benefit paid is less than the full monthly benefit over the six months, MLC will extend the benefit period while your partial disability or rehabilitation continues until the benefit paid equals six times the full monthly benefit.

MLC will pay benefits for total and partial disability and rehabilitation only while a Doctor is regularly treating you. MLC will review the benefit regularly and may require further proof of continued disability.

Business Expenses

Total Disability

You are totally disabled if you are continuously unable to do at least one of the important duties of your occupation necessary to producing your income.

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Glossary of common terms

Accident Means an event where bodily injury is caused directly and solely by violent, external and visible means, independently of all other causes.

Activities of Daily Living Means:

- bathing or showering
- dressing
- moving from place to place, in and out of bed and in and out of a chair
- eating and drinking, or
- using the toilet

Any Occupation If you choose this definition, we'll assess your likely ability to ever be able to work again, taking into account not only your occupation, but also any occupation which you're reasonably suited to by way of education, training or experience.

For full details of when a TPD insurance benefit may be payable, please see pages 82 - 83. For insurance inside super there may also be tax and super law implications, depending on your choice of definition. Please see pages 41 - 43.

(What is a) business expense? The covered expenses are the reasonable and regular normal operating expenses of the business you own and manage, including:

- rent or mortgage payments
- property levies, rates and taxes
- equipment or vehicle lease costs
- electricity, heating and water costs
- cleaning and laundry costs
- depreciation on office equipment and premises that the business owns
- salaries of employees not generating business income

- costs of accounting services
- fees for memberships of professional associations
- business insurance premiums, and
- net cost of a locum.

Child For insurance policy purposes means a person who is:

- age 20 or younger, and
- the natural child, stepchild, adopted child or a child under the legal guardianship of the life insured.

Complying Super Fund Means a regulated superannuation fund that qualifies for concessional tax rates. A Complying Superannuation Fund must meet the requirements that are set out under section 40 of the Superannuation Industry (Supervision) Act 1993.

Connection means an attached insurance where benefits are modified according to adjustments and benefit payments on another insurance on a different policy.

A Connection is a variation of an Extension, which is an attached insurance as described above on the same policy.

For more information on Extensions and Connections, see page 46.

Consumer Price Index (CPI) Means the 'Consumer Price Index: All Groups Index Weighted Average for Eight Capital Cities' published by the Australian Bureau of Statistics or, if that isn't available, any reasonable substitute chosen by us.

Doctor Means a registered medical practitioner in Australia or in another country approved by us. This does not

include you or any of your family members. Where reasonable, we require the Doctor to be a Specialist.

Earnings Means:

- where the life insured is self-employed (ie directly or indirectly owns part of or all of a business or practice), the income of the business or practice generated by the personal efforts of the life insured after the deduction of their appropriate share of business or practice expenses in generating that income
- where the life insured is an employee (ie does not directly or indirectly own part of or all of a business or practice), the total remuneration paid by the employer to the life insured including salary, commissions, fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on behalf of the life insured, and
- whether the life insured is self-employed or employed, Earnings do not include investment income and are calculated before tax.

Eligible MLC Accounts Premiums can be deducted from the following MLC MasterKey superannuation products:

- MasterKey Super and Pension Fundamentals
- MasterKey Super and Pension
- MasterKey Superannuation (Gold Star / Five Star)

Exclusion(s) are specific events you are not covered for.

Standard exclusions apply to everyone who has a certain type of insurance and are described in this PDS.

Specific exclusions are based on your individual circumstances, including hazardous occupations or pastimes and pre-existing medical conditions. Specific exclusions are applied at the time we assess an application for insurance or an alteration for existing insurance. We will tell you before we apply any specific exclusions.

Extension means an attached insurance where benefits are modified according to adjustments and benefit payments on another insurance.

An Extension may be on the same or a different policy.

Where an Extension is held on a different policy it is also known as a Connection.

For more information on Extensions and Connections, see page 46.

Family Means Spouse, children, parents, brother(s) or sister(s).

Farmers Package An Income Protection Plus plan available under PPP, which may be available to farmers when they do not qualify for Income Protection insurance due to difficulty of assessing Earnings.

Gainfully Employed or Gainful Employment Means working for Earnings, payment or profit.

Inflation The increase in the price of goods and services as measured by the Consumer Price Index (CPI).

The effect of inflation is that something you buy today will cost more in the future

Indemnity cover Your monthly benefit may be reduced if your Earnings before disability decrease. Choosing this style of benefit may help lower your premiums.

The benefit payable will be the lesser of the benefit shown on your Schedule and the maximum insurable amount as calculated in the 'Maximum monthly benefit' table under 'How much insurance can you apply for?' on page 60.

(What is a) Key Person? This is an employee or business owner without whose knowledge or expertise the business would suffer material financial loss.

Revenue Protection (Key Person) insurance is used by a business or employer to protect against financial loss that may result from the loss of service of a key person in the event of death, sickness or injury.

(Who is the) life insured? This is the person whose circumstances we assess and accept to be insured and is named in the Schedule.

Loading(s) are a higher premium that we charge for your insurance based on your individual circumstances, including hazardous occupations or pastimes and pre-existing medical conditions.

Loadings are applied at the time we assess an application for insurance or an alteration for existing insurance. We will tell you before we apply any loadings.

(What is a) locum? A locum is a person engaged to work in your business from an external source as a direct replacement for you.

Net cost of a locum means the cost incurred in engaging a locum less the gross sales, earnings or billings generated by the locum.

Mental Disorder Means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA) or an equivalent publication approved by us which is current at the start of the period of Total Disability while the life insured is not working.

Such disorders include, but are not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, mental disorders due to a general medical condition, anxiety, depression, psychoneurotic, psychotic personality, emotional or behavioural disorders or disorders related to substance abuse and dependency which includes alcohol, drug or chemical abuse or dependency.

Mortgage Means a loan secured by a first mortgage over the life insured's home.

Normal Physical Domestic Duties Means cleaning, cooking meals, doing the laundry, shopping for groceries and taking care of dependent children.

Own Occupation (available outside super only) If you choose this definition, we'll assess your likely ability to ever be able to work again, taking into account your own occupation. This means you may be eligible for your TPD insurance benefit if you can't work in your own occupation, even if you may be able to work in another occupation. You'll be charged a higher premium if you choose Own Occupation.

Glossary of common terms

Not all occupations are eligible for this definition.

Paid-to Date The date premiums are paid up to in whole months in line with the Review Date. The following will apply:

- if you pay your premiums monthly, your insurance cover will end as at the next paid-to date
- if your premiums are deducted from your Eligible MLC Account, MLC will cease deducting premiums on the date the policy is cancelled and your insurance cover will end as at the next paid-to date, as outlined above for premiums paid monthly
- if you pay your premiums half-yearly or yearly, your insurance cover will end on the next monthly paid-to date following receipt of your cancellation request. Any premium paid by you for cover after that paid-to date will be refunded.

Permanent Incapacity and Permanently Incapacitated

Means the life insured's ill-health (whether physical or mental) which makes it unlikely that the life insured will ever engage in Gainful Employment for which the life insured is reasonably qualified by education, training or experience.

Terminal Illness

For insurance outside super Terminal Illness means an Illness that, in the opinion of an appropriate specialist physician approved by us, is likely to lead to death within 12 months from the date we are notified in writing by the approved physician.

For insurance inside super Terminal Illness means an Illness that, in the opinion of two Doctors, one of whom is an appropriate specialist in the relevant medical field approved by us, is likely to lead to death within 12 months from the date the Doctors certify the condition (the Certification Period). We must be notified in writing of the Terminal Illness within the Certification Period.

(Who is the) policy owner? (PPP)

This is the person or entity that applies, and is accepted as the person who is entitled to receive benefits under the policy. The policy owner is named in the Schedule and is the only person who may extend, vary, cancel or otherwise exercise any rights under the policy.

The policy owner can be an individual or individuals, a company, partnership or the trustee(s) of a family trust.

Ownership must be the same for all insurances under the one policy.

Income Protection insurance must generally be owned by the life insured.

(Who is the) policy owner? (PPP SMSF)

The Trustee of your SMSF takes out insurance on your behalf and becomes the policy owner. For more information go to page 9.

(Who is the) policy owner? (LCS)

When you take out MLC Life Cover Super, you become a member of the Fund. The Trustee of the Fund takes out insurance on your behalf and becomes the policy owner. You can find more detailed information on the Fund on page 9.

Qualifying Periods Some critical conditions are covered only after a period of time known as a 'qualifying period'. This means you aren't covered for those conditions if they first appear, first happen, or are first diagnosed within the qualifying period after your insurance began, was last reinstated or increased.

For surgical procedures this means you're not covered when the underlying condition requiring the surgical intervention first appears, first happens, or is first diagnosed within the qualifying period.

If, because of the qualifying period you are unable to claim an insurance benefit, we'll still cover you for future unrelated critical conditions if they appear, happen, or are diagnosed after the qualifying period has ended.

If your insurance is replacing similar insurance, we'll waive your qualifying period for the amount that would have applied if that policy had continued.

Revenue Protection (Key Person) insurance

Is insurance to protect a business or employer against financial loss that results from the loss of service of a key person due to their death, sickness or injury.

Review Date Is the date shown on your current Schedule on which the review of your benefits and premiums each year take effect.

Retrenchment When your employer terminates your full-time employment because your position is no longer needed; for the business.

(What is) sabbatical leave? This means leave taken for study or travel and study as a normal part of your occupation.

Schedule Means the schedule issued to you with the policy for MLC Personal Protection Portfolio and MLC Life Cover Super and updated from time to time. An updated schedule will be issued each year or any time there is a change in the benefits or types of insurance provided under the policy.

The updated schedule will replace the previous schedule from the time that it is issued by us.

Specialist Means a Doctor who is an appropriate specialist in a relevant medical field.

Special Risk Occupations Means a hazardous occupation or an occupation which presents special difficulties in assessing MLC's risk (as described in the What types of occupations are insured under Income Protection insurance? section on page 23, as amended and published by MLC at its discretion from time to time).

Spouse Means a husband or wife or a partner in an equivalent de facto relationship, including same-sex relationships.

Temporary Incapacity and Temporarily Incapacitated Means the life insured's ill health (whether physical or mental) which causes the life insured to:

- cease to be Gainfully Employed, or

- cease temporarily to receive any gain or reward (including ceasing to be paid leave such as sick leave) under a continuing arrangement for the life insured to be Gainfully Employed.

Termination Date Is the date when your insurance ends. The termination date may vary for different types of insurance.

Waiting Period A Waiting Period means your benefit won't be paid straight after the claimable event happens. Once an event occurs you have to wait a certain period of time before you can make a claim.

Insurance with longer Waiting Periods cost less than insurance with shorter Waiting Periods because they only pay benefits for long term events.

(What is the) work test? To satisfy the work test you must be Gainfully Employed on at least a part-time basis, having worked for at least 40 hours during a period of 30 consecutive days in the financial year in which the contribution is made. This requirement may change from time to time.

Your duty of disclosure

When you apply for a life insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you extend, vary or reinstate the policy.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If someone other than you will be the life insured under the policy, any failure by that person to comply with the above duty will be treated as a failure by you.

If you request life insurance inside super, the Trustee obtains this insurance from us in relation to you.

In this circumstance, we rely on the disclosures that you or the Trustee makes to us.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate policies of life insurance.

If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the policy within 3 years of entering into it.

If we choose not to avoid the policy, we may, at any time, reduce the amount you have been insured for.

This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have.

However, if the policy provides cover on death, we may only exercise this right within 3 years of entering into the policy.

If we choose not to avoid the policy or reduce the amount you have been insured for, we may, at any time vary the policy in a way that places us in the same position we would have been in if you had told us everything you should have.

However, this right does not apply if the policy provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the policy as if it never existed.

Disclosure – MLC Transfer Applications

If you apply to transfer your insurance from an existing MLC policy to a new MLC policy (transfer application), we will rely on the matters disclosed and representations made to us prior to entering into the existing MLC policy and, if applicable, the matters disclosed and representations made to us with your application for a new MLC policy (including an application for any change, increase or addition to the existing MLC policy) when making a decision whether to accept the transfer application and on what terms.

If we refuse your transfer application for any reason, your existing insurance will

continue unless you choose to cancel it or your insurance ends.

By submitting a transfer application you consent to this process.

Pre-existing conditions

If we ask you for medical information during the application process and you fully and accurately disclose a medical condition to us, we will not apply a pre-existing exclusion clause in relation to that condition unless we agree this with you and confirm it in writing when your policy is issued.

On the basis of your disclosure, we may not offer you insurance or may offer it on alternative terms.

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Privacy Policy

This privacy notification covers MLC and the Trustee, who are collectively referred to as 'we, us and our' in this section of the PDS. The Trustee is part of the National Australia Bank (NAB) Group of Companies. MLC is no longer part of the NAB Group of Companies.

The Trustee is governed by the NAB's privacy policy, which covers entities within the NAB Group of Companies. MLC is governed by its own privacy policy. These privacy policies are available as follows:

MLC:
mlcinsurance.com.au/privacy-policy or by phoning **13 26 52**;

Trustee:
nab.com.au/privacy or by phoning **13 22 65**.

We encourage you to review the privacy policies of both entities for further information

This notification tells you how we collect your personal information, what we use it for and who we share it with. By providing your personal information to us, you consent to the collection, use and disclosure of your personal information in accordance with this Privacy Notification.

How we collect your personal information

We'll collect your personal information from you directly in many cases. This may include when you complete a form, call

us, or use the websites (which may use cookies) on which we make our products and services available. As insurer, MLC may collect information directly from you or from the Trustee when you complete an application for insurance, make a claim or request a change to your insurance cover. Sometimes we collect your personal information from third parties and other sources including:

- medical practitioners or medical facilities;
- our representatives and distributors, insurance brokers, other insurers and reinsurers;
- your relatives, representatives and legal advisers;
- your employer;
- related bodies corporate of both NAB and MLC (see further details below);
- service providers such as information brokers, investigators, lawyers, financial advisers, doctors and other medical and occupational experts;
- credit reporting agencies or information providers;
- social media platforms (e.g. if you log in for our services using your social media profile);
- devices (including wearable devices) in relation to which you agree to provide personal information to us; and
- external dispute resolution bodies, and public sources, including statutory or government organisations, and public registers.

See our privacy policies for further details of the information we collect online and how we handle it.

When the law authorises or requires us to collect information

We may collect information about you because we are required or authorised by law to collect it. There are laws that affect financial institutions, including company and tax law, which require us to collect personal information. For example, we require personal information to verify your identity under Commonwealth Anti-Money Laundering law.

Sensitive information

Sometimes we need to collect and hold sensitive information about you, for example when you are applying for an insurance product. This will generally include information about your health, activities that may impact your health, your health history, fitness and physical activities. We may also give you the ability to provide your voiceprint to identify yourself to our call centres.

We only collect and hold sensitive information with your consent or in other limited situations which the law allows.

How we use your personal information

We use your personal information to:

- provide you with the products and services you've asked for or under which you may receive cover or benefits;
- considering whether you are eligible for a product or service, including identifying or verifying you or your authority to act on behalf of another person;

- process and underwrite your application (including deciding whether or not to provide cover), determine your eligibility under insurance policies and provide you with products and services;
- administer products and services which includes answering your requests and complaints, managing claims and making payments, varying products and services, conducting market research, and managing our relevant product portfolios;
- develop and improve our products and services;
- assist us in running our business including performing administrative and operational tasks (such as training and managing staff, risk management, planning, research and statistical analysis, and systems development and testing);
- prevent or investigate any fraud or crime, or any suspected fraud or crime;
- telling you about other products or services that may be of interest to you, or running competitions and other promotions (this can be via email, telephone, SMS, iM, mail, or any other electronic means including via social networking forums), unless you tell us not to;
- identifying opportunities to improve our service to you and improving our service to you;
- determining whether a beneficiary will be paid a benefit; and
- assisting in arrangements with other organisations (such as loyalty program partners) in relation to a product or service we make available to you.

We may also collect, hold, use and disclose your personal information:

- as required by legislation or codes that are binding on us;
- for any purpose for which you have given your consent; and
- to combine the information that we hold about you with information about you collected from or held by external sources to enable the development of consumer insights about you so that we can better serve you. We may also use external parties to undertake the process of creating these insights.

Disclosing your personal information to entities within the NAB Group, MLC and Nippon Life Insurance Company

Your personal information may be disclosed to NAB Group companies and to related bodies corporate of MLC, including its parent entity, Nippon Life Insurance Company. Although MLC is no longer part of the NAB Group of Companies, NAB acts as a distributor of MLC's life insurance products. Information may need to be shared between NAB and MLC in order to manage and administer your life insurance products that are issued by MLC.

This includes sharing information to ensure:

- your insurance premium is calculated correctly;
- insurance claims and benefits are paid;
- both NAB and MLC can tell you about their respective marketing and product offers (including ensuring customers who hold MLC products are excluded from NAB Group campaigns marketing MLC's products)

- a smooth customer experience when you contact either NAB or MLC, including being transferred to the correct service centre; and
- where appropriate, the Trustee and MLC can co-operate in order to handle your complaint.

Some of the information exchanged will be stored and visible within NAB Group customer databases, with some of these databases being accessible to MLC for a transition period. All information stored in these databases is subject to the privacy policies of MLC and NAB, as well as security procedures and controls.

Unless you opt out, we may, to the extent provided by law, use your personal information to tell you about products and services that may be of interest to you, running competitions and other promotions (this can be via email, telephone, Instant Messaging, mail or any other means, including targeted advertisements through our websites). You can let us know at any time if you no longer wish to receive direct marketing materials from us. We will process your request as soon as practicable.

What happens if you don't provide your personal information to us?

If you don't provide your personal information to us, we may not be able to:

- provide you with the product or service you want;
- manage or administer your product or service, for example assess a claim or pay a benefit under a policy or product;
- personalise your experience with us;

Privacy Policy

- verify your identity or protect against fraud; or
- let you know about other products or services that may better meet your needs.

Disclosing your personal information

We may disclose your personal information with other organisations for any purposes for which we use your information. This includes disclosing your personal information to other third parties including:

- MLC's parent company, Nippon Life Insurance Company and its related bodies corporate;
- to NAB and its related bodies corporate;
- those involved in providing, managing or administering any aspect of your product or service or any product under which you receive or may receive benefits;
- service providers such as information brokers, investigators, lawyers, financial advisers, doctors and other medical and occupational experts;
- authorised representatives of MLC or the NAB Group or other parties who sell our products or services;
- superannuation and managed funds organisations, and their advisers and service providers;
- to entities (and their representatives or service providers) involved in issuing, maintaining and providing administration support relating to your insurance product held within superannuation;
- medical professionals, medical facilities or health authorities who verify any health information you may provide;
- reinsurers, claim assessors and investigators;
- brokers or referrers who refer your application or business to us;
- organisations we sponsor and loyalty program partners, including organisations we have an arrangement with to jointly offer products or have an alliance with to share information for marketing purposes;
- police and other enforcement bodies and government agencies where we are required or authorised by law to help detect and prevent illegal activities;
- other government or regulatory bodies (including the Australian Securities and Investment Commission and the Australian Tax Office) as requested or as required or authorised by law (in some instances these bodies may share it with relevant foreign authorities);
- media or social networking sites that provide us with opportunities to place messages in front of you;
- service providers that maintain, review and develop our business systems, procedures and technology infrastructure, including testing or upgrading our computer systems;
- joint venture partners that conduct business with us;
- organisations that assist with our product planning, analytics, research and development;
- mailing houses and telemarketing agencies and media organisations who assist us to communicate with you;
- other organisations involved in our normal business practices, including our agents and contractors, as well as our accountants, auditors or lawyers and other external advisers; and
- credit reporting bodies or other approved third parties who are authorised to assess the validity of identification information;
- fraud reporting agencies (including organisations that assist with fraud investigations and organisations established to identify, investigate and/or prevent any fraud, suspected fraud, crime, suspected crime, or misconduct of a serious nature);
- organisations we sponsor and loyalty program partners, including organisations the NAB Group has an arrangement with to jointly offer products or has an alliance with to share information for marketing purposes;
- rating agencies to the extent necessary to allow the rating agency to rate particular investments;
- organisations involved in a corporate reorganisation or transfer of NAB Group assets or business;
- organisations that assist with NAB's product planning, analytics, research and development; and
- where you've given your consent or at your request, including to your representatives, or advisors.

Disclosing your personal information outside of Australia

Depending on the product or service we provide to you, we may disclose your personal information to organisations outside Australia. MLC may disclose your personal information to organisations in countries such as Japan, Switzerland, USA and India. The list of countries in which NAB Group entities may disclose your personal information is located at **nab.com.au/privacy/overseas-countrieslist**

We may store your information in cloud or various other types of remote, networked or electronic storage. As electronic or networked storage can be accessed from various countries via an internet connection, it's not always practical to know in which country your information may be held. If your information is stored in this way, disclosures may occur in countries other than those listed.

Accessing or correcting Information

You can access your personal information that we hold on request, subject to any legal restrictions or exemptions. We may charge you a small fee to cover our costs when giving you access, but we'll always check with you first. You can find out how to access and correct your personal information by reading the relevant Privacy Policy.

Complaints

If you have a complaint about a privacy issue, we want to hear from you. You can find out how to make a complaint and how we will deal with these complaints, by reading the Privacy Policy.

Contact us

You can contact MLC by:

- sending an email to:
privacy@mlcinsurance.com.au
Attention
The Privacy Officer
MLC Limited
- calling the contact centre on **13 26 52**
(Hearing impaired customers can call TTY 13 36 77)
- sending a letter to:
The Privacy Officer
MLC Limited
105–153 Miller Street
North Sydney NSW 2060 Australia
MLC Limited ABN 90 000 000 402

You can contact the Trustee/NAB by:

- submitting an online Compliments, Suggestions or Complaints form via **nab.com.au**
- calling the contact centre on **13 22 65**
(Hearing impaired customers can call TTY 13 36 77).

Interim Accident Insurance Certificate

This information is provided by MLC Limited ABN 90 000 000 402 AFSL 230694 (MLC), the issuer of this Interim Accident Insurance.

We are pleased to provide this Interim Accident Insurance, at no extra cost, while your application for MLC Personal Protection Portfolio and/or MLC Life Cover Super, whether for a new policy or an addition to an existing policy, is being considered. This insurance is provided separately to MLC Life Cover Super and is not part of the Fund. The Trustee has no liability or obligation to you for this Interim Accident Insurance.

The terms and conditions of this Interim Accident Insurance Certificate are set out below.

This Interim Accident Insurance does not apply to applications for transfer of insurances between MLC Personal Protection Portfolio and MLC Life Cover Super.

When will we pay?

You'll receive the benefits of the Interim Accident Insurance if the life insured dies, is Totally and Permanently Disabled, suffers a critical condition, or becomes Totally Disabled, as a result of a bodily injury caused by Accidental means, which occurs while the life insured is covered by this insurance. Details are as follows:

Life Cover and Total and Permanent Disability insurance

If you applied for any of these insurances for a life insured, and that life insured dies within 12 months, or is Totally and Permanently Disabled, as a result of a bodily injury which is caused by Accidental means during the term of this insurance, you'll receive the lowest of:

- \$1,000,000
- the benefit you applied for, or
- the benefit we would allow under our normal assessment guidelines.

Critical Illness insurance

(Applicable outside super only. After 30 June 2014 not available for policies owned by an SMSF)

If you applied for Critical Illness insurance for a life insured, and that life insured suffers one of the following critical conditions, as a result of bodily injury which is caused by Accidental means during the term of this insurance:

- Coma- with specified criteria¹
- Major Burns – of specified severity¹
- Major Brain Injury – of specified severity¹
- Blindness – of specified severity¹
- Paralysis – of specified severity¹ or
- Loss of Independence – of specified severity.

You'll receive the lowest of:

- \$600,000
- the Critical Illness benefit you applied for on the life insured, or
- the Critical Illness benefit we would allow for that life insured under our normal assessment guidelines.

The definitions of each critical condition that will apply are the definitions for those conditions set out in the current MLC Personal Protection Portfolio policy document, and as outlined in the Product Disclosure Statement (PDS).

Interim cover will only be provided for those conditions that are covered under the terms of the insurance for which you've applied.

¹ These conditions are not covered if you have applied for Critical Illness Standard.

Income Protection insurance

If you've applied for Income Protection insurance for a life insured, and that life insured is totally disabled as a result of a bodily injury which is caused by Accidental means during the term of this insurance, you'll receive the lowest of:

- \$10,000 a month
- the benefit you applied for, or
- the Income Protection benefit we would allow under our normal assessment guidelines.

You'll receive this benefit each month that the life insured is continuously totally disabled after the end of the Waiting Period you applied for, up to a maximum of 12 months. If the life insured is disabled for part of a month the benefit will be reduced proportionately.

Conditions

Other than as varied by these terms, the following (as set out in this PDS and the policy document), shall apply to this Interim Accident Insurance:

- the Any Occupation definition of Totally and Permanently Disabled
- the definition of totally disabled under Income Protection Plus insurance, or
- the standard conditions, Waiting Periods, limitations and exclusions, subject to any options you applied for in your application for MLC Personal Protection Portfolio and/or MLC Life Cover Super.

In applying the definitions to your Interim Accident Insurance, in respect of an application for MLC Life Cover Super, a reference to the Trustee as set out in the policy document issued by us for MLC Life Cover Super should be read as a reference to you.

When does Interim Accident Insurance start?

Unless we nominate an earlier date, Interim Accident Insurance starts when we or the Trustee receive an application for MLC Personal Protection Portfolio or MLC Life Cover Super at any of its offices together with one of the following:

- one full instalment of the premium
- a fully completed Direct Debit Request Schedule or Credit Card Deduction Authority or Direct Payment, or
- an eligible MLC account Deduction Authority (in respect to MLC Life Cover Super).

If the application is submitted electronically, Interim Accident Insurance will start upon submission.

If your application isn't accepted, any premium received by us will be refunded, less any Government charges or taxes, to you or to the Trustee for MLC Life Cover Super members.

Your Interim Accident Insurance is void if the premium payment for either MLC Personal Protection Portfolio and/or MLC Life Cover Super is dishonoured.

Your Duty of Disclosure

Interim Accident Insurance will only be available if you and the lives insured nominated in the application for MLC Personal Protection Portfolio and/or MLC Life Cover Super have completed the application accurately and honestly and have complied with your Duty of Disclosure as set out in your application.

Your Duty of Disclosure doesn't end on completion of your application and personal statement. Your duty continues until we accept your application and issue a Schedule and a policy document to you.

We pay one benefit

We won't pay more than one benefit under this Interim Accident Insurance for any one Accident to any life insured.

Benefit limits

If you're applying to replace an existing policy, the amount of any benefit will be limited to the amount (if any) by which the sum proposed to be insured under the MLC Personal Protection Portfolio and/or MLC Life Cover Super application exceeds the sum insured under the policy to be replaced.

When won't we pay?

In addition to our standard exclusions (as set out in the current MLC Personal Protection Portfolio and/or MLC Life Cover Super policy document and outlined in this PDS), we won't pay under this insurance for death or disability arising from or contributed to by:

- any condition that you or the life insured knew about before applying for MLC Personal Protection Portfolio and/or MLC Life Cover Super
- the life insured engaging in any occupation, sport or pastime that we wouldn't cover under our normal assessment guidelines.

Furthermore, we won't pay if:

- the cover applied for would have been declined under our current assessment guidelines, or
- you lodge a claim for an event or condition that would have been excluded under the underwriting process.

When does Interim Accident Insurance end?

We will cancel your Interim Accident Insurance by notice in writing on the earliest of the following:

- 90 days after the start of this Interim Accident Insurance unless before then we tell you a different date
- the date we issue a Schedule following our acceptance of your application for MLC Personal Protection Portfolio and/or MLC Life Cover Super (or in the case of additional insurance, when we issue a revised Schedule to you)
- when we advise you that your application hasn't been accepted
- when we advise you that your Interim Accident Insurance has ended, or
- when you withdraw your application.

Your application for MLC Personal Protection Portfolio and/or MLC Life Cover Super

If you claim under your Interim Accident Insurance for any life insured, we'll take this into account in considering your application for MLC Personal Protection Portfolio and/or MLC Life Cover Super on that life insured. We may decide not to accept your application on this basis.

We may accept or reject your application as we see fit. No insurance will take effect (apart from this Interim Accident Insurance) before we accept your application and issue a policy to you (or in the case of additional insurance, when we issue a revised Schedule to you).

No financial adviser or other person is authorised to change these conditions, whether in writing or otherwise. No changes will be binding upon MLC.

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**For more information call MLC
from anywhere in Australia
on 132 652
international callers
+61 3 8634 4721 or contact
your financial adviser.**

Postal address

MLC Limited, PO Box 200
North Sydney, NSW, 2059

You can find our registered address
in the Contact Us section of our website
mlcinsurance.com.au

MLC Super Fund – Retail Insurance in Super: for Life Cover Super and Protection*first* Super Product Disclosure Statement

This Product Disclosure Statement (PDS) is for the exclusive use of current holders of insurance in MLC Life Cover Super and MLC Personal Protection Portfolio, and insurance within the MLC Protection*first* range.

Preparation date
21 December 2020

Issuer
NULIS Nominees (Australia) Limited
ABN 80 008 515 633
AFSL 236465

in its capacity as Trustee for
the MLC Super Fund (the Fund)
ABN 70 732 426 024

Insurer
MLC Limited
ABN 90 000 000 402
AFSL 230694





**Protection for you
and your family**

Important Information

This Product Disclosure Statement (PDS) is issued by NULIS Nominees (Australia) Limited (ABN 80 008 515 633, AFSL 236465) (the Trustee), as trustee of the MLC Super Fund (ABN 70 732 426 024) (the Fund).

References within this PDS to 'we', 'us' or 'our' are references to us as the Trustee, unless otherwise stated.

This PDS is for the exclusive use of:

- for Life Cover Super – current holders of Life Cover Super and Personal Protection Portfolio insurance policies
- for Protectionfirst Super – current holders of insurance policies within the Protectionfirst range.

The information in this PDS may change from time to time. Where applicable we'll let you know of changes that are material or significant. Changes in relation to information that aren't materially adverse will be updated and made available to you at mlc.com.au but you may not be directly notified of these updates.

This PDS is a summary of significant information about membership in the MLC Super Fund, and the Life Cover Super or Protectionfirst Super insurance available through your membership of the Fund. We're the issuer of the superannuation interest referred to in this PDS.

The insurance referred to in this PDS is

issued by MLC Limited (ABN 90 000 000 402, AFSL 230694) (**Insurer**).

Before you direct us to acquire, or otherwise make a decision about, the insurance offered through either of those products, please read:

- the PDS for this superannuation interest, and
- the current relevant Insurance PDS issued by the Insurer.

The full legal terms and conditions for the insurance cover provided by the Insurer are contained in the respective Policy Documents issued by the Insurer, copies of which will be provided to you.

The Insurer does not issue, underwrite or guarantee the superannuation interest(s) described in this PDS.

You should consider all this information before making a decision about the product. The information in this document is general information only and doesn't take into account your objectives, financial situation or needs. Because of that, before acting on this information, you should consider its appropriateness, having regard to your objectives, financial situation and needs.

This offer is made in Australia in accordance with Australian laws, and is regulated by these laws. Life Cover Super and Protectionfirst Super are only offered in Australia.

Any statement made by a third party or based on a statement made by a third party in this PDS has been included in the form and context in which it appears with the consent of the third party, which has not been withdrawn as at the date of this document.

NULIS Nominees (Australia) Limited is part of the National Australia Bank Group of Companies (NAB Group). MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and not part of the NAB Group.

We aren't an authorised deposit taking institution. Neither NAB nor any of its related bodies corporate guarantees, underwrites or accepts liability in respect of Life Cover Super or Protectionfirst Super.

A superannuation interest and/or insurance interest held in the Fund doesn't represent a deposit or liability of NAB or other related bodies corporate of NAB, nor is it guaranteed by NAB.

We aren't a registered tax agent. If you wish to rely on the general tax information contained in this PDS to determine your personal tax obligations, we recommend you seek professional advice from a registered tax agent.

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You may want to have insurance as part of your superannuation arrangements.

This PDS sets out how you can instruct us to take out insurance cover on your behalf through the MLC Super Fund.

Importantly, there is no investment and no investment earnings in relation to the superannuation interest as described in this PDS. Your interest in the Fund will be membership of the Fund and the insurance cover you instruct us to take out for you.

For a copy of the relevant Insurance PDS that sets out the terms and conditions of the insurance cover provided through Life Cover Super or Protection*first* Super, please go to mlc.com.au/personal/forms-and-documents/pds/insurance.

The Fund and your Trustee

The Fund is the MLC Super Fund.

It is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 and is not subject to a direction under section 63 of that Act.

The Trustee is NULIS Nominees (Australia) Limited.

The Trustee is responsible for the operation of the Fund, including management and administration.

The full legal terms which govern your membership of the Fund are contained in the Fund Trust Deed. The full legal terms which govern the insurance cover provided through Life Cover Super or Protection^{first} Super are contained in the Policy Document.

How insurance in super works

When you apply for insurance in super you become a member of the Fund, and the insurance cover is purchased through the Fund.

You'll be the person covered by the insurance however the insurance is issued to us, and we'll hold it on your behalf.

The money you pay into the Fund for the insurance will be treated as super contributions¹.

We'll then use those contributions to pay insurance premiums.

Holding insurance through the Fund will affect what happens when you make a claim, the benefit payments, and the tax treatment and cost of the insurance premiums.

You should discuss whether this structure is appropriate for you with your financial adviser and registered tax agent.

What documents will be issued to us and to you

Certain documents are referenced in this PDS. Below is a summary to help you understand what they are, and who issues them:

Document	What is it?	Issued by us as the Trustee	Issued by the Insurer
Super PDS	This PDS, which sets out information you need to know about membership of the MLC Super Fund.	Yes	
Trust Deed	The document which outlines the full legal terms which govern your membership of the Fund.	Yes	
Annual Statement	A document which summarises all transaction details for the financial year, as well as providing information about any material changes.	Yes	
Insurance PDS	The PDS which sets out the information you need to know about the insurance.		Yes
Insurance Contract	The insurance which is issued to you. It comprises of the Policy Document and the Policy Schedule.		Yes
Policy Document	The document which outlines the full legal terms of the insurance.		Yes
Policy Schedule	The document which outlines the types of insurance, the amount of the insurance and premium that applies for that year.		Yes

You can request a free copy of the PDSs, change communications, Policy Documents, or the Fund Trust Deed referred to in this PDS by contacting us on **132 652**.

¹ Either as concessional (pre-tax) or non-concessional (after tax) contributions

Insurance you can apply for

You can personally choose the insurance cover to be held through the Fund.

The types of insurance available through the Fund may include:

- Death cover,
- Total and Permanent Disability (TPD) cover, and
- Income Protection cover.

For more information about the insurances available through the Fund, and the terms and conditions of the insurance, you'll also need to read the relevant Insurance PDS.

You must be provided with the relevant Insurance PDS before you can apply for insurance through the Fund.

All references in this PDS to 'Insurance PDS' means either the Product Disclosure Statement for Life Cover Super and

Personal Protection Portfolio or the Product Disclosure Statement for the Protectionfirst range, each issued by MLC Limited, the Insurer, as applicable.

For a copy of the relevant Insurance PDS or for further information about an insurance product, speak to your adviser. You can also contact us on **132 652** or go to mlc.com.au/personal/forms-and-documents/pds/insurance to obtain a copy of the relevant Insurance PDS.

The relevant Insurance PDS is set out in the table below:

Insurance PDS	Who can take out these products?
Personal Protection Portfolio and Life Cover Super	In this Insurance PDS, Life Cover Super is the relevant insurance product for MLC Super Fund members. Life Cover Super is only available if you already have existing insurance under Personal Protection Portfolio (which is only offered by the Insurer outside of super) or are already insured under Life Cover Super, and want to make changes.
Protectionfirst range	In this Insurance PDS, Protectionfirst Super insurance is the relevant insurance product for MLC Super Fund members. Protectionfirst Super is only available if you already have existing Protectionfirst insurance (issued by the Insurer outside of super) or are already insured under Protectionfirst Super, and want to make changes.

How to apply

To apply for insurance in super you will need to complete the insurance application form, answering all the medical and personal history questions.

We will use your completed insurance application form to apply for insurance on your behalf.

The Insurer will then consider your application.

Information about how the Insurer assesses your application, including any special terms the Insurer may apply is set out in the relevant Insurance PDS.

The insurance

Insurance cover starts when your application is accepted and the Insurance Contract is issued.

The Insurance Contract is made up of the Policy Document and Policy Schedule. You'll receive a copy of the Policy Document. You'll also receive a new Policy Schedule each year, close to the anniversary of the insurance.

We're the owner of the Insurance Contract but you will be given a copy.

The Policy Schedule will confirm the type of insurance being held in the Fund, the amount of the insurance and also inform you about the premium that applies for that year.

What you need to know about the risks in relation to the insurance

There is a risk that the insurance won't meet your needs. Your adviser can thoroughly assess your circumstances and help you choose a type and amount of insurance to suit your needs.

They can help you consider your future needs now as you may not qualify for some insurances if your circumstances change. If you're replacing part or all of any insurance, you should compare the differences between the existing and replacement policies.

This way, you can help ensure the replacement insurance is suitable for you. If you are replacing insurances, do not cancel that insurance before the new insurances are in place (after the insurance is issued).

Paying for insurance, costs and fees

Insurance Costs

The cost of the insurance cover is known as the premium.

Stamp duty and other government charges may also be payable in respect of the insurance.

The Insurer will provide you or your adviser with a quote which sets out the expected cost of the insurance.

There are a number of ways to pay for insurance, including directly (by making contributions into the Fund to cover the cost of the premiums), by deduction from another MLC Super Fund account, or for Protection^{first} Super, by rollover from an external super fund.

To understand all of the fees and costs that might be payable for the insurance cover (including how these are calculated), please refer to the sections below in this PDS and the relevant Insurance PDS.

Payments into the Fund to cover the cost of insurance premiums will be considered to be superannuation contributions.

Contributions can be made by you, your employer or your spouse. Contributions may be made subject to your age and certain work related circumstances.

There are limits on the amount you can contribute into super before you have to pay additional tax (known as superannuation contributions caps²).

These contribution caps apply across all contributions you make into super or those made on your behalf, including employer super contributions and other personal contributions you make across all superannuation accounts that you have, even where those accounts are with different superannuation providers.

For more information about taxation implications of insurance arrangements in super refer to page 18.

To find out who can contribute go to apra.gov.au or ato.gov.au. You can also speak to your financial adviser.

How is the first premium treated?

Any premium paid may be placed in a trust account while the application is being considered until the application is accepted or declined (in which case the premium is refunded). Any interest earned on monies in the trust account will be retained.

Trustee fees

As at the date of preparation of this PDS, we do not charge a fee for your membership of the Fund for this superannuation interest or for setting up insurance through the Fund. If this changes, we'll let you know at least three months before introducing the fee.

As the Trustee of the Fund, NULIS may receive payments from the Insurer in connection with our role and the management of superannuation interests associated with this product. These payments are not an additional cost to you and may vary from time to time. They are fixed by agreement between NULIS and the Insurer, having regard to the costs we incur in managing this product – not by the number of insured members or the value of premiums paid to the Insurer, and may be paid by the Insurer out of the premiums they receive.

Family Law Charges

The Family Law Act helps super, life insurance and other investments to be divided between parties should there be a marriage or de facto relationship breakdown.

We may be obliged to provide information to other parties and manage the insurance in line with court orders.

We may charge a fee for any costs we incur.

² From 1 July 2017 the concessional contribution cap is \$25,000 and the non-concessional cap is \$100,000.

Claiming on the insurance

We will make a claim on your behalf to the Insurer by submitting your completed claim forms to the Insurer. Please refer to your Insurance PDS for how to make a claim.

You'll need to satisfy the insurance terms for the insurance benefit to be paid.

The insurance terms are described in the relevant Insurance PDS and will also be set out in the Policy Document.

Any insurance benefits paid in respect of insurance held through Life Cover Super or Protection^{first} Super is part of your super and will be paid to us as the Trustee of the Fund.

We'll then release the benefits to you providing you meet a condition of release set by law.

The condition of release that may be relevant for each type of insurance is shown in the table below:

Type of insurance	Related conditions of release
Accidental Death Benefit and Life Cover	Death
Accidental Injury Benefit and TPD	Permanent Incapacity – this means the Trustee is satisfied that your ill-health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training and experience.
Income Protection	Temporary Incapacity – means ill health (whether physical or mental) that caused you to cease to be gainfully employed but does not constitute permanent incapacity. This applies where you've ceased to be gainfully employed (including where you have ceased temporarily to receive any gain or reward under a continuing arrangement for you to be gainfully employed). A benefit can't be paid for longer than the period of Temporary Incapacity.
Terminal Illness	Terminal Medical Condition – A terminal medical condition exists in relation to you at a particular time if the following circumstances exist: <ul style="list-style-type: none"> • two registered medical practitioners have certified, jointly or separately, that you are suffering from an illness, or have incurred an injury, that is likely to result in death within a period (the certification period) that ends not more than 24 months after the date of the certification • at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury suffered by the person, and • for each of the certificates, the certification period has not ended.

Irrespective of the conditions of release described above, the applicable insurance definition in the Policy Document must be met for an insurance benefit to be payable.

For new insurance benefits inside superannuation that commenced after 30 June 2014, superannuation trustees are required to provide insurance benefits that are consistent with the conditions of release.

Therefore, any new insurance that you apply for through the Fund after that date will be consistent with a relevant condition of release.

This means that that all valid claims for such insurance benefits will meet the relevant condition of release, and we will be able to release to you the benefit we receive from the Insurer.

Most benefits can be paid to you or your beneficiary following a valid claim. However in rare cases you may not meet a condition of release, and we therefore can't release the benefit to you.

In such a case, the benefit must be held in a superannuation fund as "preserved benefits", until you do meet a condition of release. We'll seek instructions from you about where you would like the benefit to be held.

The law is strict about how and when you can access preserved benefits.

You can generally access preserved benefits when you reach age 65.

Before then you can generally access preserved benefits if you fully retire after you reach your preservation age (between ages 55 and 60, depending on your date of birth) or if you satisfy another condition of release.

For more information about the conditions of release, go to apra.gov.au or ato.gov.au

Death benefits and nominating a Beneficiary

We'll generally pay any insurance death benefit we have received to your eligible beneficiaries (typically your dependants) or your estate in accordance with superannuation laws.

For Protection*first* Super, death benefits may, at our discretion and with the consent of the beneficiary, be payable as a pension.

Nominating a Beneficiary

You're able to nominate how insurance benefits are to be distributed on your death, as described below:

Beneficiary Nomination Option	What this means
For Life Cover Super only	
Non-lapsing binding death benefit nomination	<p>You may specify dependants and/or your estate as beneficiaries and nominate the appropriate proportion of the insurance benefits payable to each.</p> <p>If your nomination is valid and has been accepted by us, we must pay the insurance benefit to those you nominated in your latest nomination, in the proportions you requested. This type of beneficiary nomination doesn't expire.</p>
OR	
MLC Super Estate Optimiser	<p>If your nomination is valid and has been accepted by us, we must pay the insurance benefit as a lump sum or an account-based pension according to the rules set out for the nominated category. In that sense, your selection is binding on us. See below for more information about Super Estate Optimiser.</p>
OR	
Non-binding death benefit nomination	<p>Under this option, we'll determine who receives the insurance benefit, taking into account your nominated beneficiaries and other factors.</p> <p>Your nomination will guide us as to your wishes, but it will not be binding. We have absolute discretion to determine who will receive the insurance death benefits.</p>
For Protection<i>first</i> range (in Super) only	
Binding death benefit nomination	<p>You may specify dependants and/or your estate as beneficiaries and nominate the appropriate proportion of the insurance benefits payable to each.</p> <p>If your nomination is valid, we must pay the insurance benefit to those you nominated in your latest nomination, in the proportions you requested. Your nomination will be valid for three years, after which it will expire.</p>
OR	
Non-binding death benefit nomination	<p>Under this option, we'll determine who receives the insurance benefit, taking into account your nominated beneficiaries and other factors.</p> <p>Your nomination will guide us as to your wishes, but it will not be binding. We have absolute discretion to determine who will receive the insurance death benefits.</p>

You will need to complete the nomination of beneficiary section of the relevant application form if you wish to make a nomination. For a binding death benefit nomination to be binding on us, the nomination must be valid. A court order may override a binding beneficiary nomination.

If you haven't made an insurance death benefit nomination, we'll have absolute discretion over who receives the benefit in the event of your death.

You can change the insurance death benefit nomination or replace it with a different type of death benefit nomination by completing the beneficiary form. You can cancel a nomination at any time by writing to us.

Who can you nominate?

When you make a death benefit nomination (other than a nomination under the Super Estate Optimiser facility), you can only nominate:

- your spouse (including a de facto spouse or same-sex partner)
- children including adopted children, step-children, a child of your spouse or someone who is your child within the meaning of the Family Law Act 1975
- individuals who are financially dependent on you at the time of your death
- your legal personal representative (either the executor under your Will or a person(s) granted letters of administration for your estate if you die without having left a valid Will), or
- someone in an 'Interdependency Relationship' (see definition below) with you.

If you don't have any such beneficiaries at the time of your death, then we may pay the benefit to another person. When nominating beneficiaries you should take these restrictions into account.

Note: Different rules apply in respect of who you can nominate under the Super Estate Optimiser facility – see below for details.

A dependant for superannuation purposes is your spouse (including de facto and same sex partner), any of your children and any other dependant, being a person with whom you had an interdependency relationship or who was financially dependent on you.

An interdependency relationship exists if two persons (whether or not related by family) have a close personal relationship, live together, one or each of them provides the other with financial support, and one or each of them provides the other with domestic support and personal care.

Two persons will still have an interdependency relationship if they have a close personal relationship and they don't satisfy the other requirements set out above if the reason they don't satisfy the other requirements is that:

- they are temporarily living apart, or
- if either of or both of the two persons suffer from a disability that prevents them from satisfying the other requirements.

It is important that you review your nomination regularly and keep your beneficiary nomination up to date with changes in your personal circumstances.

If you make a non-lapsing binding death benefit nomination your nomination will not automatically become invalid in the event of marriage, divorce or any other life-changing event. In these circumstances, your last valid nomination may no longer reflect your intentions and, unless you update it, we'll still pay the person named in the nomination so long as they are still an eligible beneficiary.

We'll confirm the details of your nomination each year via your annual statement. You can cancel or change your nomination at any time by completing the relevant form available from mlc.com.au or by calling us on **132 652**.

You should speak to your financial adviser, estate planner or legal representative and registered tax agent to determine which type of nomination will best suit your circumstances and how the complex tax rules about death benefits and beneficiaries may affect you.

Non-lapsing binding death benefit nominations

(Life Cover Super only)

How do you make a valid non-lapsing binding death benefit nomination?

In order to make a valid non-lapsing binding death benefit nomination, it must:

- be in writing, stating the full name and, unless the nomination is to your legal personal representative, the date of birth of eligible beneficiaries and their relationship to you,
- be signed and dated by you in the presence of two adult witnesses who are not nominated beneficiaries,
- contain a signed and dated declaration from the witnesses that your beneficiary nomination was made in their presence, and
- for multiple beneficiaries, specify the proportions of the benefit to go to each beneficiary (the total must add up to no more than 100%).

We must confirm our acceptance of your nomination.

Your non-lapsing binding death benefit nomination can become invalid for any beneficiary who is not an eligible beneficiary at the time of your death. In this case we'll have discretion over who receives the benefit amount allocated to that beneficiary.

You can contact us for our nomination forms.

Can your non-lapsing binding death benefit nomination become invalid?

Yes. Your non-lapsing binding death benefit nomination can become invalid for any beneficiary who is not an eligible beneficiary at the time of your death. In this case we'll have discretion over who receives the benefit amount allocated to that beneficiary.

MLC Super Estate Optimiser

(Life Cover Super only)

MLC Super Estate Optimiser can provide you with greater certainty as to how the death benefit will be paid (as a lump sum or an account-based pension).

With this facility you don't nominate specific individuals to receive insurance death benefits.

Instead, you select the class of beneficiaries (ie your Spouse, dependent children or estate), and the benefit will be paid in equal portions to all beneficiaries that meet the criteria for the nominated category.

Once selected and if accepted by us, we must pay the death benefit according to your category selection.

In that sense, your selection is binding on us. If your personal circumstances change you should update your category selection.

What are the key advantages of MLC Super Estate Optimiser?

The advantages are that:

- you exercise greater control of your estate planning (note that ex-spouses are excluded, but your Dependent and Minor Children are included)
- certainty is provided about who will receive the benefits (assuming you update your selection if your circumstances change)
- future beneficiaries are automatically included if they meet the category definition at the date of your death (for example, future children for child related categories)

- your nomination does not expire and is effective until you change or cancel your selection, and
- the need to set up a Testamentary Trust may be reduced, potentially saving legal and associated fees.

You will find this facility particularly useful if you want peace of mind that the death benefit will be paid to the groups of beneficiaries selected by you and in the manner specified by you (lump sum or pension).

How does MLC Super Estate Optimiser work?

You determine who will receive the superannuation death proceeds by selecting one of the eight categories below:

1	Lump Sum – Spouse
2	Lump Sum – Minor Children
3	Lump Sum – Spouse / Minor Children (50/50)
4	Lump Sum – Dependent Children and Minor Children
5	Lump Sum – Estate
6	Account-Based Pension – Spouse
7	Account-Based Pension – Minor Children
8	Account-Based Pension – Spouse / Minor Children (50/50)

Spouse – is the spouse (of the same or opposite gender to you) who lived with you as husband/wife/partner immediately before your death. This also includes a de facto spouse, but does not include a spouse or de facto spouse from whom you were separated at the time of your death.

Minor Children – are your children aged under 18 at the date of your death.

This includes stepchildren and adopted children. Note: If an account-based pension is paid to a minor child, it must be cashed out as a lump sum at age 25 unless the child is disabled (for the purposes of the *Disability Services Act 1986*) at that time.

Dependent Children – are children of yours who are dependent (in most cases financially dependent) on you and aged 18 or over at the date of your death. This includes stepchildren and adopted children.

Estate – for the purpose of payment will be the executor or administrator of your estate.

What if there is more than one eligible child?

Where there is more than one eligible child the payment will be made to those children in equal shares.

We'll pay death benefits according to your selected category.

MLC Super Estate Optimiser (Life Cover Super only)

What if your beneficiaries don't meet the eligibility criteria?

Important benefit default provisions apply where the person(s) you have nominated does not (do not) meet the definition for the category nominated at the date of your death or do not survive you:

- if a lump sum would have been payable to your Dependent Children or Minor Children, but neither exists at the date of your death, then the lump sum is paid to your Spouse, or if none, to your Estate
- if a pension would have been payable to your Minor Children and there are no Minor Children at the date of your death, then the pension is paid to your Spouse, or if none, as a lump sum to your Estate
- if a benefit would have been payable to your Spouse and there is none at the date of your death, then the benefit is paid as a lump sum to your Estate.

Pensions

If a pension is selected, we'll pay a pension according to the current terms of the pension product that is available. The current available product that the pension will be paid from is MLC MasterKey Pension Fundamentals.

MLC MasterKey Pension Fundamentals is issued by us. You should consider the PDS for MLC MasterKey Pension Fundamentals, in deciding whether to acquire, or continue to hold, the product. You can contact us for a copy of this PDS.

Please note: A \$1.6 million cap was introduced on 1 July 2017 that applies to the total balance each individual can hold in tax-free retirement accounts.

While this cap doesn't affect your MLC Life Cover Super policy, if the benefit payments exceed the cap, it could impact the payments to your nominated beneficiaries. More information about this can be found at ato.gov.au

How do you make a category selection under MLC Super Estate Optimiser – or change your selection?

To make a category selection under MLC Super Estate Optimiser, complete the Super Estate Optimiser questions in the application and submit it with the application for Life Cover Super.

To assist us in administering a claim you may name Children and/or your Spouse in the Selection Form, but all persons who fulfil the criteria for your selected category at the date of your death will receive the death benefit whether or not they are named on the Selection Form.

You can change your category selection at any time by completing the Super Estate Optimiser questions in the beneficiary nomination form.

Of course you should also regularly update your Will.

What is the effect of super splitting under the Family Law Act?

You should be aware that in certain circumstances upon the breakdown of your marriage, the Super Estate Optimiser death benefit category selection may be overridden in whole or in part and the payment of benefits may be delayed by various actions taken

under the superannuation provisions of the Family Law Act.

Should your marriage break down, you should review your current category selection under the Super Estate Optimiser.

If premiums are paid and the terms of the insurance are met, it will continue until the expiry date of the insurance is reached, or a termination event happens. See the relevant Insurance PDS for further details.

Cancelling insurance and the cooling off period

You can cancel the insurance at any time by request to the Insurer.

If the insurance is cancelled within the applicable cooling off period, the Insurer will refund to us all premiums paid.

We'll then refund the amount to you subject to super preservation requirements.

If the monies paid include preserved or restricted non-preserved benefits, you must nominate another complying super fund or rollover vehicle to which these amounts are to be rolled over.

However, if you make an alteration to the insurance or claim on the insurance during the cooling off period, this will confirm acceptance of the insurance and any premiums paid won't be refunded.

For further details about the applicable cooling off period and cancelling the insurance, please see the relevant Insurance PDS.

When insurance in super ends

Your eligibility to contribute to super changes at age 67

When you reach age 67, there are certain age-based superannuation regulations that restrict your ability to make contributions to super. This includes meeting a work test.

You must tell us if you no longer meet the work test and are no longer able to make contributions into super.

If you pay premiums directly by making a contribution into the Fund, then not meeting the work test means you can't make contributions and therefore can't pay premiums and the insurance will need to end.

What is the work test?

To satisfy the work test, you must be gainfully employed on at least a part-time basis, for at least 40 hours during a period of 30 consecutive days in the financial year in which the contribution is made.

If you have retired and are aged 67 to 74 with a total super balance³ below \$300,000, you can continue to make voluntary super contributions in the first year that you don't meet the work test.

This requirement may change from time to time.

If premiums are paid by deduction from an eligible MLC superannuation account, you are aged between 67 and 74 years, and you don't meet the work test, the insurance in super can continue as long as there are sufficient funds in your eligible MLC super account to pay for insurance premiums.

Converting to insurance outside of super

If you're unable to continue the insurance because of age-based superannuation requirements, the Insurer will offer you the opportunity to convert the insurance held inside of super to insurance held outside of super.

Conversion is not just for members over the age of 67. You can convert the insurance inside of super to insurance outside of super at any time, as long as the insurance is still in place.

How does conversion work?

On conversion the Insurer will cancel the insurance through super, and issue you a new insurance policy outside super, with similar types of insurance and amounts of insured benefits.

At that point your interest in the relevant insurance product offered through the Fund ends. Your membership of the Fund and entitlement to receive any insurance benefits through super ends also.

Any beneficiary nomination for insurance in super will also end when the insurance through super ends.

The amount of insured benefits under the new insurance will not be more than it was under the old insurance at the date of conversion.

Premiums under the new insurance will be calculated in line with the Insurer's premium rates for the cover at the time of conversion.

Any beneficiary nomination made for the insurance in super will not apply to the new insurance outside of super. To make a new beneficiary nomination for your insurance outside of super you will need to complete the Insurer's nomination of beneficiary forms.

Inactive Accounts

If your super account hasn't received a contribution or a rollover for a continuous period of 16 months, it's defined as an inactive account and by law we're required to cancel your insurance cover.

We'll contact you before this happens and give you the option to retain your cover.

Alternatively, if you wish to keep your insurance cover regardless of whether or not your account is inactive, complete and return the form Choose to Keep My Insurance Cover available at [mlc.com.au/superinsurance](https://www.mlc.com.au/superinsurance)

See the relevant Insurance PDS for further details.

³ Total Super Balance (TSB): Your TSB for a financial year is the value, at 30 June of the previous financial year, of all of your Total Super Balance (TSB): Your TSB for a financial year is the value, at 30 June of the previous financial year, of all of your accumulation or pre-retirement phase accounts, retirement phase accounts, such as an account based pension, and funds in the process of being transferred from one super account to another (known as 'in-transit rollovers'). You can find out your TSB by logging in to your www.my.gov.au account.

Taxation

The information in this section is of a general nature and only reflects our current understanding of the tax laws at the preparation date of this document. We recommend that you seek professional tax advice regarding your own taxation position. We are not registered tax (financial) advisers or registered tax agents. If you intend to rely on any advice to satisfy liabilities, obligations or claim entitlements that arise, or could arise under taxation law, you should seek advice from a registered tax agent or registered tax (financial) adviser.

Tax laws change. To keep up-to-date, please visit ato.gov.au

Any contributions used to fund premiums will be reported to the Australian Taxation Office (ATO) for the purpose of calculating superannuation contribution limits.

Where required by law, we'll deduct any tax, duty or government fees and forward the money to the relevant authority.

How are superannuation contributions taxed?

Contributions are generally either tax free or taxed at a concessional rate of 15%.

These include, but aren't limited to, contributions from your employer (including salary sacrifice) or, if you're eligible, personal contributions for which you can claim a tax deduction.

An additional 15% tax may also apply on the concessional contributions of high income earners whose income (for surcharge purposes) exceeds \$250,000 pa. This tax will be assessed by the ATO and will be charged to the individual.

Insurance premiums may be tax deductible to the Fund.

Where the premium is deductible to the Fund, we are able to offset the tax payable on contributions by the amount of the deduction. This may reduce the amount of tax you pay on a taxable contribution.

If you choose to fund insurance premiums by rollover from an external super account you should consider the impact on the tax and preservation components on each of your super interests.

To find out more about the taxation implications and the preservation components inside super, speak to a financial adviser or registered tax agent.

What are the maximum contribution amounts?

Your contributions for the payment of insurance premiums are added to any contributions you and your employer make across all your superannuation accounts for the purpose of applying contributions caps.

You may have to pay additional tax if contributions exceed your contribution cap limits. These limits may change from time to time.

From 1 July 2017 members with a total superannuation balance of over \$1.6 million will no longer be able to make non-concessional contributions.

In addition, the government has also limited the amount that a member can hold in the exempt retirement phase to \$1.6 million or \$100,000 indexed annually for certain income streams.

To find out more about current contribution limits, the taxation implications of exceeding these limits, or the new super changes, go to ato.gov.au and/or speak to your registered tax agent.

Do you intend to claim a tax deduction for contributions used to fund the insurance premium?

From 1 July 2017, individuals under the age of 75⁴ will be permitted to claim a tax deduction for personal contributions (ie the 10% income test will no longer apply from 1 July 2017).

If you intend to claim a tax deduction for any contributions used to fund premiums, you'll need to provide us a Notice of Intent to Claim form within the relevant time limits.

To find out more go to ato.gov.au and/or speak to your registered tax agent.

Also, if your application for insurance is not finalised before the end of the income year, we will not record the contribution as being received until the following income year when your application is approved.

This could have implications for the income year in which you are entitled to a tax deduction and can also impact your contribution limits.

How are insurance benefits taxed?

The rules relating to the taxation of benefits are complex and you should seek professional tax advice from a registered tax agent.

Where required we or our agent will withhold tax from benefit payments and forward the money to the ATO.

Providing your Tax File Number (TFN)

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, when benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all types of contributions to your account/s
- the tax on contributions to your superannuation account/s will not increase;

- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits, and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

You should provide your tax file number (TFN) to us. If we don't have it, your application for Life Cover Super or Protection^{first} Super cannot be accepted.

Also, without a TFN you may be taxed at the highest marginal tax for the benefits that are paid to you.

We will verify your TFN with the ATO. For more information visit ato.gov.au

⁴ Those aged between 67 and 74 need to satisfy the work test in order to be eligible to contribute to super.

Resolving complaints

If you have a complaint, we can usually resolve it quickly over the phone on **13 26 52** or, if you'd prefer to put your complaint in writing, you can email us or send us a letter.

We'll conduct a review and provide you a response in writing. For more information, visit mlc.com.au/complaint

If you're not satisfied with our resolution, or we haven't responded to you in 90 days, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA).

AFCA provides an independent financial services complaint resolution process that's free to consumers. You can contact AFCA:

In writing to:

GPO Box 3
Melbourne VIC 3001

At their website: afca.org.au

By email: info@afca.org.au, or

By phone: 1800 931 678 (free call).

If you have a complaint about financial advice you receive, you should follow the complaint resolution process explained in the Financial Services Guide provided by your financial adviser.

Other information

Keeping you informed

Each year, we'll provide you with the following information so you can stay informed about the insurances and any changes that may arise:

- A statement of the insurance with a summary of all transaction details for the financial year
- Information in relation to any material changes, and
- Confirmation of non-routine transactions you make on the insurance.

We may provide this information to you by mail, email or by making the information available on mlc.com.au.

We'll let you know when information about the insurance has been made available online. If you prefer to receive updates about your account by mail, please let us know.

Information in this PDS may change from time to time. Updates in relation to information that are not materially adverse will be made available on mlc.com.au but you may not be directly notified of these updates.

Anti-Money Laundering

We're required to comply with our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/ CTF Act) (Cth) and the Australian Sanctions laws.

We may need to collect information from you, anyone acting on your behalf or your related parties.

All documents we request need to be dated, and must be an original or certified copy of original document(s)

(not a photocopy of a certified copy of original document(s), not faxed or scanned copies) and must be valid at the time you send them to us. Amongst its other AML/CTF obligations, we are required to adhere to AUSTRAC's reporting requirements.

We may decide to delay or refuse any request to process any transaction, including suspending a withdrawal application, freeze accounts or restrict access to funds (where permissible under any applicable legislation), if we're concerned that the request or transaction may breach any obligation we have under the AML/ CTF Act, or cause us to commit or participate in an offence, under any law.

We'll incur no liability to you if we do so.

Privacy Information

We and the Insurer collect your personal information from you directly wherever we can, but in some cases we may collect it from third parties such as your adviser. We do this to determine your eligibility and to administer the product.

If personal information is not provided, we or the Insurer may not be able to provide you the product or a service, or administer it appropriately. We may collect information about you because we are required or authorised by law to collect it. There are laws that affect financial institutions, including company and tax law, which require us to collect personal information.

For example, we require personal information to verify your identity under Anti-Money Laundering law.

We may disclose your personal information to other NAB Group members, MLC Limited, and to external parties for purposes that include: insurance management, product development and research. For more information refer to mlc.com.au/privacy.

For these reasons we may also need to share your information with organisations outside Australia — a list of those countries is at nab.com.au/common/privacy-policy/overseas-countries. We and other NAB Group members and MLC Limited may use your personal information to contact you about products and for marketing activities. You can let us know at any time if you no longer wish to receive these direct marketing offers by contacting us.

More information about how we collect, use, share and handle your personal information is in our Privacy Policy (mlc.com.au/privacy), including how to access or correct information we collect about you and how to make a complaint about a privacy issue. Contact us for a paper copy or if you have any questions or comments.

For more information about the collection of your personal information by the Insurer, please refer to the relevant Insurance PDS.

Other information

Contact Us

For more information (including to obtain a copy of this PDS and the important information that forms part of the PDS, or to obtain a copy of the relevant Insurance PDS) visit **mlc.com.au** or call us from anywhere in Australia on **132 652** or contact your financial adviser.

Postal address

PO Box 200
North Sydney NSW 2059

Registered office

Ground Floor, MLC Building
105–153 Miller Street North Sydney
NSW 2060

NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465. Part
of the National Australia Bank Group
of Companies. An investment with
NULIS Nominees (Australia) Limited is
not a deposit or liability of, and is not
guaranteed or underwritten by, NAB.



Contact us

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Application form

MLC Personal Protection Portfolio MLC Life Cover Super

LIFE INSURANCE



Issue 13 | Preparation date: 1 November 2019

Important information

Before you complete this application form please read the relevant Product Disclosure Statements (PDSs) and any supplementary PDS. These documents will help you understand the different products, how they work and decide if they are appropriate for you. The PDSs that are relevant to you are:

- For MLC Personal Protection Portfolio and MLC Life Cover Super – MLC Personal Protection Portfolio and MLC Life Cover Super Product Disclosure Statement (Insurance PDS), issued by the insurer, MLC Limited.
- For MLC Life Cover Super – please also read the MLC Super Fund – Retail Insurance in Super: for Life Cover Super and Protectionfirst Super Product Disclosure Statement (Super PDS) issued by the Trustee, NULIS Nominees (Australia) Limited.

This application form is jointly issued by the insurer and the trustee with the purpose of collecting information each requires to be able to provide the insurance and superannuation products you want.

Information about genetic tests

If you have had a genetic test, you only need to disclose this to us if your total combined insurance cover (including cover under superannuation or held with other life insurers as well as cover applied for) will be more than any one of the following:

- \$500,000 life cover, or
- \$500,000 Total and permanent disability cover (TPD), or
- \$200,000 critical illness (trauma) cover, or
- \$4,000 income protection cover, salary continuance cover or business expenses cover.

If you have had a favourable (negative) genetic test result you can provide this information regardless of the amount of cover applied for.

Your duty of disclosure to us, the insurer

When you apply for a life insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the policy.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If someone other than you will be the life insured under the policy, any failure by that person to comply with the above duty will be treated as a failure by you.

If you request life insurance inside super, the Trustee obtains this insurance from us in relation to you. In this circumstance, we rely on the disclosures that you or the Trustee makes to us.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate policies of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the policy within 3 years of entering into it.

If we choose not to avoid the policy, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the policy provides cover on death, we may only exercise this right within 3 years of entering into the policy.

If we choose not to avoid the policy or reduce the amount you have been insured for, we may, at any time vary the policy in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the policy provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the policy as if it never existed.

Disclosure – MLC Transfer Applications

If you apply to transfer your insurance from an existing MLC policy to a new MLC policy (**transfer application**), we will rely on the matters disclosed and representations made to us prior to entering into the existing MLC policy and, if applicable, the matters disclosed and representations made to us with your application for a new MLC policy (including an application for any change, increase or addition to the existing MLC policy) when making a decision whether to accept the transfer application and on what terms.

If we refuse your transfer application for any reason, your existing insurance will continue unless you choose to cancel it or your insurance ends. By submitting a transfer application you consent to this process.

Trustee

NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465

Fund

MLC Super Fund
ABN 70 732 426 024

Insurer

MLC Limited
ABN 90 000 000 402 ASFL 230694

The Trustee of the Fund is part of the National Australia Bank Limited (NAB) group of companies (NAB group). Your insurance is not a liability of, and is not guaranteed by, NAB.

MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and not a part of the NAB Group of Companies. MLC Limited ABN 90 000 000 402 AFSL 230694.

For completion by the Financial Adviser

Section 1 Cover details

Please tick which product you are applying for:

Policy 1: MLC Life Cover Super MLC Personal Protection Portfolio MLC Personal Protection Portfolio (SMSF)

Policy 2: MLC Personal Protection Portfolio

Policy 3: MLC Personal Protection Portfolio

New application

Replace existing MLC policies

Adding insurance to an existing MLC Life Cover Super, MLC Personal Protection Portfolio or MLC Personal Protection Portfolio (SMSF) policy

Existing policy number(s) to be replaced

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Please tick this box to confirm that a copy of the Premium Illustration (quote) from us has been attached to this Application form. **It forms part of the Application form and your application cannot be assessed without it.** A quote is not required for **level premium transfer applications**.

Policy 1 Purpose of cover

Personal Protection needs:

- Individual/Family Protection
- Estate Protection (Estate equalisation, Estate debts)

Business Protection needs:

- Asset (Debt) Protection
- Revenue Protection
- Business Expenses
- Ownership Protection – Has a Succession Agreement (Buy/Sell Agreement) been entered into or is one being legally drafted? Yes No

Policy 2 Purpose of cover

Personal Protection needs:

- Individual/Family Protection
- Estate Protection (Estate equalisation, Estate debts)

Business Protection needs:

- Asset (Debt) Protection
- Revenue Protection
- Business Expenses
- Ownership Protection – Has a Succession Agreement (Buy/Sell Agreement) been entered into or is one being legally drafted? Yes No

Policy 3 Purpose of cover

Personal Protection needs:

- Individual/Family Protection
- Estate Protection (Estate equalisation, Estate debts)

Business Protection needs:

- Asset (Debt) Protection
- Revenue Protection
- Business Expenses
- Ownership Protection – Has a Succession Agreement (Buy/Sell Agreement) been entered into or is one being legally drafted? Yes No

Business partnership (if application is for Business Protection needs)

Is more than one business partner applying for a policy at the same time as this application?

Yes Please complete the details below:

Company

Partnership/Trust name

Business partner name	Date of birth (DD/MM/YYYY)	Application or policy number (if known)
1		
2		
3		

If there are more than three partners, please attach a photocopy of this page with additional information.

No Go to Section 2

For completion by the Life to be Insured

Section 2 Life to be Insured details

Mr Mrs Miss Ms Dr Other

First name Middle name

Family name Maiden name (if applicable)

Gender Male Female Date of birth (DD/MM/YYYY)

Residential address

Your residential address cannot be a Post Office (PO) Box

Unit number Street number Street name
Suburb State Postcode Country

Postal address

Same as residential address

Complete postal address **only** if the Life to be Insured is also the Policy Owner of this application and the postal address is different from the residential address

Unit number Street number PO Box Street name
Suburb State Postcode Country

Contact details

Home telephone Mobile phone number Business telephone

Email (Please provide your email so notices relating to your application can be sent to you.) NAB customer number (NAB Adviser use only)

If you are applying for a MLC Personal Protection Portfolio policy and there is more than one Life to be Insured, use this form for one person and a new form for each additional person.

For completion by the Policy Owner

Section 3 Policy Owner details

If you wish to apply for two or more policies please complete details for Policy 1, Policy 2 and Policy 3 as required.

Owner details for Policy 1

Is this Policy 1 application for:

- MLC Life Cover Super Cover is issued to NULIS Nominees (Australia) Limited and held in the MLC Super Fund. If you are only applying for this policy, please go to Section 4, otherwise go to Policy 2.
- MLC Personal Protection Portfolio (SMSF) Cover can be owned by a self-managed super fund. Please complete the details under 'Who owns this policy' below.

Who owns this policy?

- Self-managed super fund (SMSF)** Please complete the 'SMSF name' under Policy Owner 1A. If the trustee of the SMSF is a company please also complete 'Company/Trust Company name' in Policy Owner 1A. If the SMSF has individual trustees please complete the 'Individual details' for all trustees in Policy Owner 1A and Policy Owner 1B sections. If there are more than two individual trustees, please provide additional details on a separate sheet and sign and date it.
- MLC Personal Protection Portfolio Cover can be owned by a self-managed super fund. Please complete the details under 'Who owns this policy' below. Please note that if you are applying for Income Protection Insurance, the Life to be Insured must be the sole Policy Owner – unless the Policy Owner is a business of which the Life to be Insured owns at least 25%.

Who owns this policy?

- Life to be Insured.** You don't have to complete Policy Owner details. If you are only applying for this policy, please go to Section 4, otherwise go to Policy 2.
- Individual(s) other than the Life to be Insured.** Please complete the 'Individual details' in Policy Owner 1A and Policy Owner 1B (if applicable) sections. If more than two individuals are to own this policy, please provide additional details on a separate sheet and sign and date it.
- Business Partnership.** Please provide the 'Business Partnership/Trust name' under Policy Owner 1A. Please also provide details of all persons that comprise the partnership in the 'Individual details' in Policy Owner 1A and Policy Owner 1B sections. If more than two partners are to own this policy, please complete additional details on a separate sheet and sign and date it. If the partnership is a company, please also complete 'Company/Trust Company name'.
- Trust.** Please complete the 'Business Partnership/Trust name' under Policy Owner 1A and also complete the 'Individual details' section for all relevant parties in Policy Owner 1A and Policy Owner 1B (if applicable) sections. If more than two individuals are to own this policy, please complete additional details on a separate sheet and sign and date it.
- Company (including a Trust Company).** Only one corporate entity can own this policy. Please complete the 'Company/Trust Company name' and also complete the 'Individual details' section for all relevant parties in Policy Owner 1A and Policy Owner 1B (if applicable) sections.

Policy Owner 1A

Company/Trust/SMSF details

Please also ensure details of the Director and Company Secretary, all individual Trustees or all Partners are provided in the 'Individual details' section below.

Business Partnership/Trust name

Company/Trust Company name

SMSF name

NAB customer number (NAB Adviser use only)

SMSF Address

Is this the same address as Policy Owner 1A? If yes, you do not need to complete the address below.

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Section 3 Policy Owner details continued

Individual details (including Individual Trustees, Partners, Directors or Company Secretaries)

Mr Mrs Miss Ms Dr Other

Individual / Partner / Director or Secretary / Individual Trustee

First name Middle name

Family name Maiden name (if applicable)

Date of birth (DD/MM/YYYY) NAB customer number (NAB Adviser use only)

Policy Owner 1A

Postal address

Please note: This is the address we will send all policy information to.

Unit number Street number PO Box Street name

Suburb State Postcode Country

Contact details

Home telephone Mobile phone number Business telephone

Email (Please provide your email so notices relating to your application can be sent to you.)

Policy Owner 1B (Second Individual / Partner / Director or Secretary / Individual Trustee)

Mr Mrs Miss Ms Dr Other

Individual / Partner / Director or Secretary / Individual Trustee

First name Middle name

Family name Maiden name (if applicable)

Date of birth (DD/MM/YYYY) NAB customer number (NAB Adviser use only)

Policy Owner 1B

Postal address

Unit number Street number PO Box Street name

Suburb State Postcode Country

Contact details

Home telephone Mobile phone number Business telephone

Email (Please provide your email so notices relating to your application can be sent to you.)

Section 3 Policy Owner details continued

Owner details for Policy 2

Only complete this section if you are applying for two policies.

Policy 2 application for MLC Personal Protection Portfolio:

Cover can be owned by individual(s), a business partnership, trust or company. Please complete details under 'Who owns this policy' below. Please note that if you are applying for Income Protection Insurance, the Life to be Insured must be the sole Policy Owner – unless the Policy Owner is a business of which the Life to be Insured owns at least 25%.

Who will own this policy? (MLC Personal Protection Portfolio only)

- Life to be Insured.** You don't have to complete Policy Owner details. Please go to Section 4.
- Individual(s) other than the Life to be Insured.** Please complete the 'Individual details' in Policy Owner 2A and Policy Owner 2B (if applicable) sections. If more than two individuals are to own this policy, please provide additional details on a separate sheet and sign and date it.
- Business Partnership.** Please provide the 'Business Partnership/Trust name' under Policy Owner 2A. Please also provide details of all persons that comprise the partnership in the 'Individual details' in Policy Owner 2A and Policy Owner 2B sections. If more than two partners are to own this policy, please complete additional details on a separate sheet and sign and date it. If the partnership is a company, please also complete 'Company/Trust Company name'.
- Trust.** Please complete the 'Business Partnership/Trust name' under Policy Owner 2A and also complete the 'Individual details' section for all relevant parties in Policy Owner 2A and Policy Owner 2B (if applicable) sections. If more than two individuals are to own this policy, please complete additional details on a separate sheet and sign and date it.
- Company (including a Trust Company).** Only one corporate entity can own this policy. Please complete the 'Company/Trust Company name' and also complete the 'Individual details' section for all relevant parties in Policy Owner 2A and Policy Owner 2B (if applicable) sections.

Policy Owner 2A

Is this the same Policy Owner as 1A or 1B ? If yes, you do not need to complete Policy Owner details

Company/Trust details

Please also ensure details of the Director and Company Secretary, all individual Trustees or all Partners are provided in the 'Individual details' section below.

Business Partnership/Trust name

Company/Trust Company name

NAB customer number (NAB Adviser use only)

Individual details (including Individual Trustees, Directors or Company Secretaries)

Mr Mrs Miss Ms Dr Other

Individual / Partner / Director or Secretary / Individual Trustee

First name

Middle name

Family name

Maiden name (if applicable)

Date of birth (DD/MM/YYYY)

NAB customer number (NAB Adviser use only)

Section 3 Policy Owner details continued

Policy Owner 2A postal address

Unit number	Street number	PO Box	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Home telephone	Mobile phone number	Business telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (Please provide your email so notices relating to your application can be sent to you.)

Policy Owner 2B (Second Individual / Partner / Director or Secretary / Individual Trustee)

Is this the same Policy Owner as 1A or 1B ? If yes, you do not need to complete Policy Owner details.

Mr Mrs Miss Ms Dr Other

Individual / Partner / Director or Secretary / Individual Trustee

First name	Middle name
<input type="text"/>	<input type="text"/>

Family name	Maiden name (if applicable)
<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)	NAB customer number (NAB Adviser use only)
<input type="text"/>	<input type="text"/>

Policy Owner 2B postal address

Unit number	Street number	PO Box	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Home telephone	Mobile phone number	Business telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (Please provide your email so notices relating to your application can be sent to you.)

Section 3 Policy Owner details continued

Owner details for Policy 3

Only complete this section if you are applying for three policies.

Policy 3 application for MLC Personal Protection Portfolio:

Cover can be owned by individual(s), a business partnership, trust or company. Please complete details under 'Who owns this policy' below. Please note that if you are applying for Income Protection Insurance, the Life to be Insured must be the sole Policy Owner – unless the Policy Owner is a business of which the Life to be Insured owns at least 25%.

Who will own this policy (MLC Personal Protection Portfolio only)?

- Life to be Insured.** You don't have to complete Policy Owner details. Please go to Section 4.
- Individual(s) other than the Life to be Insured.** Please complete the 'Individual details' in Policy Owner 3A and Policy Owner 3B (if applicable) sections. If more than two individuals are to own this policy, please provide additional details on a separate sheet and sign and date it.
- Business Partnership.** Please provide the 'Business Partnership/Trust name' under Policy Owner 3A. Please also provide details of all persons that comprise the partnership in the 'Individual details' in Policy Owner 3A and Policy Owner 3B sections. If more than two partners are to own this policy, please complete additional details on a separate sheet and sign and date it. If the partnership is a company, please also complete 'Company/Trust Company name'.
- Trust.** Please complete the 'Business Partnership/Trust name' under Policy Owner 3A and also complete the 'Individual details' section for all relevant parties in Policy Owner 3A and Policy Owner 3B (if applicable) sections. If more than two individuals are to own this policy, please complete additional details on a separate sheet and sign and date it.
- Company (including a Trust Company).** Only one corporate entity can own this policy. Please complete the 'Company/Trust Company name' and also complete the 'Individual details' section for all relevant parties in Policy Owner 3A and Policy Owner 3B (if applicable) sections.

Policy Owner 3A

Is this the same Policy Owner as 1A , 1B , 2A or 2B ? If yes, you do not need to complete Policy Owner details.

Company/Trust details

Please also ensure details of the Director and Company Secretary, all individual Trustees or all Partners are provided in the 'Individual details' section below.

Business Partnership/Trust name

Company/Trust Company name

NAB customer number (NAB Adviser use only)

Individual details (including Individual Trustees, Directors or Company Secretaries)

Mr Mrs Miss Ms Dr Other:

Individual / Partner / Director or Secretary / Individual Trustee

First name

Middle name

Family name

Maiden name (if applicable)

Date of birth (DD/MM/YYYY)

NAB customer number (NAB Adviser use only)

Section 3 Policy Owner details continued

Policy Owner 3A postal address

Unit number	Street number	PO Box	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Home telephone	Mobile phone number	Business telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (Please provide your email so notices relating to your application can be sent to you.)

Policy Owner 3B (Second Individual / Partner / Director or Secretary / Individual Trustee)

Is this the same Policy Owner as 1A , 1B , 2A or 2B ? If yes, you do not need to complete Policy Owner details.

Mr Mrs Miss Ms Dr Other

Individual / Partner / Director or Secretary / Individual Trustee

First name	Middle name
<input type="text"/>	<input type="text"/>
Family name	Maiden name (if applicable)
<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)

NAB customer number (NAB Adviser use only)

Policy Owner 3B postal address

Unit number	Street number	PO Box	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Home telephone	Mobile phone number	Business telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (Please provide your email so notices relating to your application can be sent to you.)

Section 4 Payment Authorities

If the person paying the premium is not the Life to be Insured or the Policy Owner, please complete the following details.

Please note: You do not need to complete this section for policies where the premium is being paid by regular deduction from an eligible MLC super or MLC pension account.

If the payer is an Individual:

Name

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Date of birth (DD/MM/YYYY)

If the payer is a Company:

Please note: If we already have your Company details, please only complete 'Name of Authorised Person'.

Company name

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

ABN

Name of Authorised Person

How do you wish to pay?

Payment Method	Complete section	Policy 1	Policy 2	Policy 3
Direct debit request / Credit card deduction	4A			
Payment by cheque	4B			
MLC super or MLC pension account deduction	4C			

Please note: If we do not receive your payment (Direct debit request, Credit card deduction, cheque, MLC super or MLC pension account deduction, Interim Accident Insurance cannot commence.

If you wish to use the same payment method but with a different account for the second or third policies, please attach a photocopy of this section with the additional details and specify which policy this applies to.

Section 4 Payment Authorities continued

4A Direct Debit Request / Credit Card Deduction

Only complete this section if you want to pay your premiums by automatic deduction from your nominated Financial Institution account or credit card.

Direct Debit Request details

If you're with one of the smaller banks or a credit union you need to check if they can accept a direct debit request from the Bulk Electronic Clearing System (BECS). This information should be available on your recent bank statement, on the bank's website, or call their customer service number.

I/We,

Family name (or company/business name)

Given name(s) (or ABN)

Family name

Given name(s)

request MLC Limited (ABN 90 000 000 402) (AFSL 230694) (user ID No. 460592) to draw money from my/our account conducted with:

Name of Financial Institution

Name of account to be debited

Address of Financial Institution

State

Postcode

BSB number

Account number

Please note: Direct debiting is not available on the full range of Financial Institution accounts. If in doubt, please refer to your Financial Institution before completing this Request.

Is this Direct Debit Request for?

both the **initial and ongoing premiums**

ongoing premiums only — please ensure you have completed payment details for the initial premium

How frequently will premiums be paid?

Monthly Half-yearly Yearly

Preferred draw date of the month

First half of the month Second half of the month

Credit Card Deduction details

I (Name as it appears on the card)

authorise MLC Limited
(ABN 90 000 000 402) (AFSL 230694)
to charge my

Mastercard

Visa

Card number

Card expiry date (MM/YY)

or any replacement/substituted card, for the premiums due on the policy.

Is this Credit Card Deduction for?

the **initial premium** only — please ensure you have completed payment details for the ongoing premium

both the **initial and ongoing premiums**

ongoing premiums only — please ensure you have completed payment details for the initial premium

How frequently will premiums be paid?

Monthly Half-yearly Yearly

Preferred draw date of the month

First half of the month Second half of the month

To be completed for all Direct Debit Requests / Credit Card deductions

I/We acknowledge that this Direct Debit Request is governed by the terms of the Direct Debit Request Service Agreement in Section 23 of this form and the terms and conditions of the policy to which this application relates. I have read and agree to the terms and conditions.

Signature(s) of Financial Institution account holder(s) or cardholder

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

Section 4 Payment Authorities continued

4B Payment by cheque

Only complete this section if you want to pay your premiums direct to us.

How frequently will premiums be paid? Half-yearly Yearly

We will send you notices for premiums prior to the due date.

4C MLC super or MLC pension account deduction (MLC Life Cover Super only)

Only complete this section if you want to pay your premiums by a regular deduction from an eligible MLC super or MLC pension account. Please refer to the Insurance PDS for a list of eligible MLC accounts.

Important Information

- The member must be the same for both the account with an eligible MLC super or MLC pension account and the MLC Life Cover Super policy.
- Only one deduction may operate on any account with an eligible MLC super or MLC pension account.
- It is the obligation of the member to ensure there are sufficient funds to operate the MLC super or MLC pension account and pay for the MLC Life Cover Super premium. To allow completion of the MLC Life Cover Super policy, we require the MLC super or MLC pension account to have a minimum of 3 months premium for a monthly paid policy or the full balance of the premium for the policies paid half-yearly and yearly. If the balance of the MLC super or MLC pension account does not meet these criteria, another payment method should be selected.

Please note: All approved pending rollover transactions will need to be received by us within 2 months of the policy commencement date, otherwise the policy will lapse.

Instalment deduction

- The date that deductions will commence from your account with an eligible MLC super or MLC pension account will depend on when we receive this form.
- Instalments will be deducted on:
 - the same date each month for **monthly** payments
 - the half-yearly and annual billing anniversary date for **half-yearly** payments, or
 - the annual billing anniversary date for **yearly** payments.

How frequently will premiums be paid?

Monthly Half-yearly Yearly

Declaration

Until further notice in writing, I authorise the Trustee, to deduct my MLC Life Cover Super premiums from my:

new eligible MLC super account

new eligible MLC pension account, or

existing eligible MLC super or MLC pension account.

Account number

I understand and acknowledge that:

- The Trustee may vary the amount and frequency of future deductions by prior arrangement and advice to me, and
- The Trustee may, in its absolute discretion and at any time by notice in writing to me, terminate this request as to future deductions.

Signature of Life to be Insured

	Date (DD/MM/YYYY) <input type="text"/>
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Section 5 MLC Life Cover Super

Only complete this section if the application is for MLC Life Cover Super.

Contributions

Please specify what type of contributions will be made by you or on your behalf. Please tick one box only.

Employer (including salary sacrifice) Personal Spouse

If you do not tick a box your contributions will be recorded as 'Personal'.

Tax File Number (TFN) details

Please provide your TFN:

When collecting your TFN we are required to tell you:

- MLC Limited and the Trustee are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993
- It isn't an offence to decline to notify MLC Limited and the Trustee of your TFN
- If you don't notify MLC Limited and the Trustee of your TFN, they may not be able to (now or in the future) locate, amalgamate and identify your benefits in order to pay you
- MLC Limited and the Trustee are allowed to use your TFN for lawful purposes, in particular if paying out monies, identifying and amalgamating super benefits for surcharge purposes and for other approved purposes, and
- Your TFN will be disclosed to the Commissioner of Taxation. Your TFN will also be passed on to another super provider if your benefits are being transferred, unless you inform MLC Limited and the Trustee in writing not to pass on your TFN. Your TFN won't otherwise be disclosed to any other person.

Section 6 Beneficiary Information

Please note: Beneficiary nominations apply to your death benefit only.

Are you applying for?

MLC Personal Protection Portfolio (SMSF)

- You cannot make a nomination for this insurance. The benefits of this insurance will be paid to the trustee of the superannuation fund. You will need to contact the administrator of your superannuation fund who will provide details of the forms to be completed if you wish to make a nomination of the proceeds from your superannuation fund.
- Please go to Section 7.

MLC Personal Protection Portfolio

- If you wish to make a beneficiary nomination please complete Section 6A.
- If you do not wish to make a beneficiary nomination, the death benefit will be paid to the Policy Owner(s) for MLC Personal Protection Portfolio and you can go to Section 7.

MLC Life Cover Super

- Please go to Section 6B or 6C.

Both MLC Personal Protection Portfolio and MLC Life Cover Super

- Please complete Section 6A if you wish to make a beneficiary nomination for your MLC Personal Protection Portfolio policy. If you do not wish to make a beneficiary nomination, the death benefit will be paid to the Policy Owner(s) for MLC Personal Protection Portfolio.
- Please go to Section 6B to make a nomination for your MLC Life Cover Super policy.
- Please go to Section 6C to make a nomination using MLC Super Estate Optimiser for your MLC Life Cover Super policy.

Please note if you're applying for MLC Life Cover Super and wish to make a beneficiary nomination, it is important that you read the beneficiaries section as well as the taxation section of the Super PDS before completing this section.

Section 6 Beneficiary Information continued

6A Nomination of a Beneficiary – MLC Personal Protection Portfolio – must be nominated by the Policy Owner

Please note: For MLC Personal Protection Portfolio, nominations **cannot** be made by trustees of a trust or a self-managed super fund.

Beneficiary nomination for MLC Personal Protection Portfolio

Complete this section to nominate who you wish the death benefit to be paid to. Leave this section blank if you wish the death benefit to be paid to the Policy Owner(s).

Please nominate your preferred beneficiary(ies) and the portion you would like each to receive. You may nominate up to six beneficiaries, including your legal personal representative (Estate of the Life to be Insured).

Name and address of beneficiary	Date of birth	Relationship to you	Portion of total benefit*
1			%
2			%
3			%
4			%
5			%
6			%
7	Legal personal representative (Estate of the Life to be Insured)		%
* The sum of your nominations must equal 100%. You can nominate a percentage up to two decimal places.			Total: 100%

If you are applying for additional MLC Personal Protection Portfolio policy(ies) and you wish to also nominate a beneficiary(ies) for the policy(ies), please attach a photocopy of the above table specifying details of the beneficiary(ies) you wish to nominate.

6B Nomination of Beneficiary Form – MLC Life Cover Super – must be nominated by the Life to be Insured

Non-binding death benefit nomination for MLC Life Cover Super

Tick this box and complete the table below if you wish to indicate to the Trustee your preferred beneficiary(ies) of your death benefit. It is the Trustee's ultimate decision who the benefits will be paid to and in what portions. Your nomination will be taken into account by the Trustee. The Trustee will ultimately be restricted to paying the death benefits to your dependants and/or your legal personal representative (estate).

Non-lapsing binding death benefit nomination for MLC Life Cover Super

Tick this box and complete the table below if you wish to indicate to the Trustee who your death benefit MUST be paid to. Your nominated beneficiary(ies) must be a dependant(s) or your legal personal representative (estate). The Trustee will pay the benefits to your nominated beneficiaries and in the portions indicated, providing that you satisfy the requirements in making this nomination, and at the date of death the beneficiaries are your dependants or legal personal representative (estate). Your signature is required and must be witnessed by two adult persons.

Section 6 Beneficiary Information continued

Complete this table for all beneficiary nominations for MLC Life Cover Super.

Please nominate your beneficiary(ies) and the portion you would like each to receive. You may nominate up to 6 beneficiaries, including your legal personal representative (Estate of the Life to be Insured). If seeking a non-lapsing binding death benefit nomination, your nomination must also be witnessed, signed and dated by two adult witnesses (page 16).

Name and address of beneficiary		Date of birth	Relationship to you	Portion of total benefit*
1			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant ¹	%
2			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant ¹	%
3			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant ¹	%
4			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant ¹	%
5			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant ¹	%
6			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant ¹	%
7	Legal personal representative (Estate of the Life to be Insured)			%
* The sum of your nominations must equal 100%. You can nominate a percentage up to two decimal places.				Total: 100%

¹ Please note: For non-lapsing binding nominations, the selection of 'Other dependant' is not valid. If you do select a binding nomination and tick 'Other dependant', your nomination will not be valid.

Section 6 Beneficiary Information continued

Select one of the following categories for the distribution of your death benefits. **Only tick one box.**

Category No.	Category	Selection
1	Lump Sum – Spouse	<input type="checkbox"/>
2	Lump Sum – Minor Children	<input type="checkbox"/>
3	Lump Sum – Spouse/Minor Children (50/50)	<input type="checkbox"/>
4	Lump Sum – Dependent Children and Minor Children	<input type="checkbox"/>
5	Lump Sum – Estate	<input type="checkbox"/>
6	Account Based Pension – Spouse	<input type="checkbox"/>
7	Account Based Pension – Minor Children	<input type="checkbox"/>
8	Account Based Pension – Spouse/Minor Children (50/50)	<input type="checkbox"/>

Please note: A \$1.6 million cap was introduced on 1 July 2017 that applies on the total balance each individual can hold in tax-free retirement accounts. While this cap doesn't affect your MLC Life Cover Super policy, if the benefit payments exceeds the cap, it could impact the payments to your nominated beneficiaries. More information about this can be found at ato.gov.au

Please speak with your financial adviser and review your nomination carefully in light of changes to tax rules.

I agree to a legal guardian making the choice of pension as may be required in respect of (please tick your preference(s)):

Any minor-aged child Any nominated person under a disability

If you do not agree then the default pension provisions outlined in the MLC Super Estate Optimiser section of the Super PDS will apply.

To assist the Trustee please provide the following details about your spouse and children. If you have more than three children complete additional details on a separate sheet and sign and date it.

Spouse

Mr Mrs Miss Ms Dr Other

First name Middle name

Family name Maiden name (if applicable)

Unit number Street number PO Box Street name

Suburb State Postcode Country

Date of birth (DD/MM/YYYY)

Minor/Dependent Children

Mr Mrs Miss Ms Dr Other

First name Middle name

Family name Maiden name (if applicable)

Unit number Street number PO Box Street name

Suburb State Postcode Country

Date of birth (DD/MM/YYYY)

Section 6 Beneficiary Information continued

Minor/Dependent Children

Mr Mrs Miss Ms Dr Other

First name

Middle name

Family name

Maiden name (if applicable)

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Date of birth (DD/MM/YYYY)

Minor/Dependent Children

Mr Mrs Miss Ms Dr Other

First name

Middle name

Family name

Maiden name (if applicable)

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Date of birth (DD/MM/YYYY)

Acknowledgment and Agreements

I am a member or have applied to become a member of the MLC Super Fund through MLC Life Cover Super.

I have selected the above category for the distribution of my death benefit payable through the MLC Super Estate Optimiser facility.

I have read and I understand the Super PDS and the consequences of making a category selection and I understand that my death benefits will be paid according to the category I have selected.

I understand that this category selection overrides all previous Super Estate Optimiser selections, or nominations made in any MLC Life Cover Super Application Form.

I understand I should review my selection regularly and as my circumstances change (eg marriage, marriage breakdown, birth of a child or my benefit being affected by a payment split) to ensure my selection is always up to date.

I understand this category selection is not valid until received and accepted by the Trustee or its delegate.

Signature of Life to be Insured

	Date (DD/MM/YYYY) <input type="text"/>
---	---

Personal Statement Information

Sections 7 to 19 must be completed by the Life to be Insured in all cases

Section 7 Options in underwriting your case

Fast tracking medical requirements

Lifescree Australia is part of the Sonic Healthcare group and our preferred provider for insurance related tests. Lifescree provides a customer health evaluation service for us (and other insurers) that helps with fast and efficient processing of your application. This means that if you consent, Lifescree may contact you to arrange blood tests or other medical checks required for your insurance application. Lifescree is subject to our privacy requirements to protect your confidentiality. Do you permit MLC Limited to arrange this service?

Yes No

Fast tracking follow-up information

This facility enables faster collection of information over the phone, resulting in faster completion of your application.

I permit MLC Limited to call me (the Life to be Insured) to clarify or gain further information regarding any matter relating to the assessment and processing of this application. I understand that the call may be recorded and will form part of my application and that the Duty of Disclosure applies.

Yes I am contactable on between the hours of and (8:30 am to 5:30 pm Melbourne/Sydney time Monday to Friday)

No

Section 8 Other Insurance(s)

Are you covered by, or are you applying for, any other life, disability, critical illness, income protection, salary continuance or business expenses insurance with any company, including us (other than this application), including benefits under superannuation or insurance benefits provided by your employer?

Yes Please provide details below

No

Company	Benefit type	Date started	Benefit amount	Waiting/Benefit periods	Policy number	To be replaced
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 9 Residency and Travel

Residency

1 Are you a permanent resident of Australia?

Yes Please go to question 3

No Please complete the table below:

How long have you lived in Australia?	Last country of residence	How long did you live there?	Visa type	Visa expiry date (DD/MM/YYYY)			

2 Have you applied for permanent residency?

Yes Please provide details:

No Reason for not applying:

Travel

3 Do you intend to reside or travel outside Australia?

Yes Please complete the table below:

Date(s) of departure(s)	Duration of stay(s)	Destination(s)	Purpose of stay(s) (eg holiday, business, residing)

No

Section 10 Occupation and Financial

4 If you are a homemaker, student, unemployed or retired.

Go to Section 11

5 Please provide details of your primary occupation and any professional or trade qualifications you have.

a Primary occupation

b Industry

c Name of employer or trading name

d Street address of employer or business

Postcode

e Professional or trade qualifications

Section 10 Occupation and Financial continued

6 Please provide full details of your occupational duties. These must add up to 100%.

Type of work	Percentage of time
Sedentary/Administration: Sedentary – includes all general clerical, office, administration and desk duties. The emphasis is on mental rather than physical work although there may be a small element of standing/walking, and driving to and from appointments.	
Light manual work: includes light lifting of up to 20kg and direct supervision of manual workers.	
Heavy manual work: includes heavy lifting > 20kg, driving/operating heavy machinery and manual and physical work not associated with a trade.	
Total	100%

7 Does your occupation include any hazardous duties, including working at heights above 10 metres, aviation, underground, offshore, diving, field work/on site or explosives?

Yes Please provide details in the table below.

No

Type of work	Percentage of time	Specific duties you perform
Heights over 10 metres		
Aviation		
Underground work		
Offshore work – within Australia waters		
Offshore work – outside Australian waters		
Diving		
Field work/on site		
Use of explosives		
Other (please specify)		
Total	100%	

8 Are you applying for Total and Permanent Disability, Income Protection or Business Expenses insurance?

Yes Please go to question 9

No Please go to question 15

Section 10 Occupation and Financial continued

9 Are you self-employed or do you own all or part of the business in which you are employed?

Yes Please complete questions **a** to **e** below

a Have you been self-employed in your current business for more than 12 months? Yes No

b On what basis do you operate your business? Sole Trader Company Partnership Trust

c What percentage interest/shareholding do you have in the business? %

d How many employees (other than yourself) do you have?

e Has your business had a net operating loss in either of the last two years?

Yes Please provide last two years' financial accounts for all entities.

No

Go to question 11.

No Go to question 10.

10 On what basis are you employed?

a Permanent

b Casual How long have you been working as a casual employee?

c Contract What is the remaining term of your contract?

11 Have you been working continuously in your occupation, trade or profession for five or more years?

Yes

No Please provide details of all positions you have held over the last five years:

From	To	Occupation	Employer name

12 Over the next 12 months, do you intend to:

- change your occupation or become self-employed
- change your occupational duties or work hours, or
- take extended leave (for example maternity leave, sabbatical leave, long service leave or study leave)?

Yes Please provide details below

No

13 How many hours per week do you work in your primary occupation? hours

14 Do you work at your home for more than 20% of your working hours?

Yes How many hours per week do you work from home? hours

No

Section 10 Occupation and Financial continued

- 15 What were your Earnings for the last 12 months, before tax from your primary occupation? Do not include investment income.

\$

Earnings

If you are **self-employed** (you directly own all or part of a business or practice) Earnings means the income of the business or practice generated by your personal efforts after the deduction of your appropriate share of business or practice expenses in generating that income. If you earn commission, you can include 100% of the initial commission and 50% of the renewal commission.

If you are an **employee** (you do not directly or indirectly own part or all of a business or practice), Earnings means the total remuneration paid by the employer to you including salary, commission, (100% of the initial commission and 50% of the renewal commission), fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on your behalf.

- 16 What were your Earnings for the previous 12 month period, before tax, from your primary occupation?

Do not include investment income.

\$

- 17 Will your Earnings continue at or beyond this level?

Yes

No Please provide details

- 18 Do you have a second occupation?

Yes Please provide details in questions a–g below

No

a Occupation

b Name of employer or trading name

c Duties

d Hours worked per week

e Amount of time in this occupation

 years months

f What were your Earnings before tax for the last 12 months from your second occupation?

\$ pa

g Has this income been included in the Earnings shown in Question 15 of this application? Yes No

- 19 Do you intend to be, or have you or any business that you've been associated with ever been:

- bankrupt?
- in receivership or liquidation?
- under administration?

Or is your place of employment insolvent or under administration?

Yes Please provide details:

No

Section 10 Occupation and Financial continued

20 Income Protection insurance only

Only complete this section if you are applying for Income Protection insurance. If you are **not** applying for Income Protection insurance, please go to question 21.

Is the proposed monthly benefit from all life insurance sources greater than \$15,000?

- Yes Do you receive more than \$250,000 per year in investment or other unearned income? (ie income from sources other than through personal exertion in your occupation, such as investment income, after deducting expenses related to that income).
- Yes What is your unearned income? \$
- No
- No

21 Business Expenses insurance only

Only complete this section if you are applying for Business Expenses insurance. (Refer list of eligible business expenses in the Insurance PDS). If you are not applying for Business Expenses insurance, please go to question 22.

In the event of your disability, how long will your business continue to generate an income?

No more than 60 days

More than 60 days What percentage of the business income would continue to be produced? %

What would be your total share of the business expenses?

\$

Section 11 Claims History

22 Have you ever made a claim or received benefits in regard to any illness, injury or condition?

Yes Please provide details in the table below

No

Benefit type	Benefit amount	Reason for claim	Time off work	Date finalised

Section 12 Sports and Pastimes

23 Do you now or do you intend to take part in any of the following activities?

Yes Please tick all that apply and provide details below

No

Diving

Motor car, motor cycle or motor boat racing

Flying as a pilot or crew in an aircraft

Football (all codes)

Hang-gliding, paragliding, skydiving, pursuits involving heights

Other hazardous pursuits (eg body contact sports, mountain climbing, abseiling, downhill mountain biking)

If you ticked any of these boxes, please complete the **Pastimes Questionnaire** located in the Supplementary Underwriting Questionnaires

If you ticked any of these boxes, please give full details of each below

Activity <input type="text"/>
Location <input type="text"/>
<input type="checkbox"/> Recreational <input type="checkbox"/> Professional <input type="checkbox"/> Competitive
Events/Hours per year: <input type="text"/>
Other details <input type="text"/>

Activity <input type="text"/>
Location <input type="text"/>
<input type="checkbox"/> Recreational <input type="checkbox"/> Professional <input type="checkbox"/> Competitive
Events/Hours per year: <input type="text"/>
Other details <input type="text"/>

Section 13 Height and Weight details

24 What is your height?

cm **or** feet/inches

What is your weight?

kg **or** stone/pounds

25 Have you undergone surgery to reduce your weight in the last five years?

Yes Please provide details, including date of surgery and how much weight has been lost.

No

Section 14 Habits and Lifestyle

26 Have you smoked tobacco, e-cigarettes or any other substance or used any nicotine-containing product in the last 12 months?

Yes Cigarettes/Cigars/Pipe Gum/Patch e-cigarettes Other – Please provide details:

Quantity: per day per week per month per year

No

Section 14 Habits and Lifestyle continued

27 Do you drink alcohol?

Yes How much do you consume on average? Quantity: per day per week per month per year
(Standard drink = 1 nip (30 ml) spirits, 100 ml wine, 10 oz / 285 ml beer)

No

28 Have you ever been advised by a health professional or attended a support group to reduce or cease your alcohol intake?

Yes Please provide details:

No

29 Have you ever used (by mouth, inhalation or injection) any drug not prescribed for you by a doctor?

Yes Please provide details:

No

30 Have you ever received advice, counselling or treatment for drug dependence?

Yes Please provide details:

No

Section 15 Health A – Supplementary Underwriting Questionnaires

If you answer yes to any of the following questions, you must also complete the relevant Supplementary Underwriting Questionnaires.

31 Have you ever had, or been told you had, or ever sought advice or treatment from a doctor, counsellor or other health professional or experienced symptoms for any of the following:

Yes Please tick all that apply below and complete the relevant supplementary questionnaire located in the **Supplementary Underwriting Questionnaires**

No

Stress, anxiety, depression, post traumatic stress disorder (PTSD), attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD) or any other mental health disorder

▶ Please complete the **Mental Health** Questionnaire

High blood pressure

▶ Please complete the **High Blood Pressure** Questionnaire

High cholesterol

▶ Please complete the **High Cholesterol** Questionnaire

Asthma

▶ Please complete the **Asthma** Questionnaire

Skin cancer, tumour, skin lesion, mole or cyst

▶ Please complete the **Skin Lesion** Questionnaire

Back or neck strain/sprain or pain, sciatica, whiplash, spondylitis, fracture or any back, neck or spinal problem

▶ Please complete the **Back Disorder** Questionnaire

Any bone/joint fractures, muscle, ligament or tendon injuries, tenosynovitis, gout, arthritis or osteoporosis

▶ Please complete the **Joint/Musculoskeletal** Questionnaire

Section 16 Health B – General

If you answer yes to any of the following questions, you must also complete the Further information table on page 30 of this Application form.

- 32 Have you ever had, or been told you had, or ever sought advice or treatment from a doctor, counsellor or other health professional or experienced symptoms for any of the following?
- a **Skin conditions or any of the following:**
- Rash, Eczema, Psoriasis, Dermatitis or any allergy affecting the skin
- Any other skin condition or disorder of the skin
- Yes Please provide details in the table on page 30
- No
- b **Blood conditions or any of the following:**
- Haemochromatosis
- Haemophilia
- Anaemia
- Any other blood condition not previously mentioned
- Yes Please provide details in the table on page 30
- No
- c **Any disease or disorder of the eyes or ears or any of the following:
Do not include conjunctivitis with complete recovery or long or short sightedness that has been corrected**
- Any type of eye condition
- Any type of ear or hearing condition including Meniere's Disease, labyrinthitis, tinnitus or dizziness
- Yes Please provide details in the table on page 30
- No
- d **Blood vessels, cardiovascular, heart conditions or any of the following:**
- Rheumatic fever, heart murmur, angina, heart attack or other type of heart valve condition
- Varicose veins, bloods vessel or blood clotting condition/disorder
- Chest pain
- Any other type of heart condition/disorder
- Yes Please provide details in the table on page 30
- No
- e **Respiratory conditions or any of the following:**
- Bronchitis
- Hayfever
- Sleep apnoea
- Any other lung or respiratory condition
- Yes Please provide details in the table on page 30
- No
- f **Bowel, colon, liver, general gastro intestinal conditions or any of the following:
Do not include constipation, stomach upset, diarrhoea or 'gastro' where these were short isolated episodes from which you have made a complete recovery**
- Liver condition
- Hepatitis
- Irritable bowel disease
- Bleeding from the bowel or haemorrhoids
- Gastroesophageal reflux (GORD), hiatus hernia, peptic or gastric ulcers
- Colitis, Crohn's disease, ulcerative colitis or polyps
- Gall bladder condition
- Any other bowel, colon or general gastro intestinal condition not previously mentioned
- Yes Please provide details in the table on page 30
- No
- g **Diabetes, thyroid conditions or any of the following:**
- Sugar in your urine, low or high blood sugar, diabetes or any pancreatic condition
- Thyroid condition
- Yes Please provide details in the table on page 30
- No

Section 17 Health C – General

33 Are you carrying the Human Immunodeficiency Virus (HIV) which causes AIDS, antibodies to that virus, or are you suffering from AIDS or any AIDS-related condition? Yes
No

34 In the last three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed?

Yes A private and confidential questionnaire will be mailed to you upon submission of this application

Please note: HIV risk situations include but are not limited to:

- sex with someone you know or suspect to be HIV positive
- sex with an intravenous drug user
- sex without a condom with a sex worker, or
- anal intercourse without a condom (except in a relationship between you and one other person only and neither of you have had sex with anyone else for at least three years).

No

Section 18 Health D – General

Doctor's details

35 Do you have a usual doctor?

Yes Please provide full name and address of your usual doctor or medical centre, or

No Please provide the name and address of the last doctor you visited.

Name of doctor or medical centre

Address

Suburb

State

Postcode

Country

Telephone

Email

36 How long have you been attending this doctor / medical centre?

years months

When did you last attend?

37 If you have been attending this doctor or medical centre for less than 12 months, please also provide name and address of your previous doctor

When did you last attend?

Section 21 Authority to release medical information (to be completed in ALL cases)

I authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter) to disclose to MLC Limited or any third party engaged by MLC Limited full details of my health, medical history or any other information, for the primary purpose of assessing my application or managing my policy. A photocopy of this authority should be accepted as my personal authority.


Full name of Life to be Insured (**mandatory**)

Maiden name (if applicable)

Date of birth (DD/MM/YYYY)

--	--	--	--	--	--	--	--	--	--

Signature of Life to be Insured

	Date (DD/MM/YYYY)									
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									

NULIS Nominees (Australia) Limited

Postal address:

PO Box 200
North Sydney NSW 2059

Telephone: 132 652

(inside Australia)
+ 61 3 8634 4721
(outside Australia)

Email: contactmlc@mlc.com.au

Website: mlc.com.au

MLC Limited Postal address:

PO Box 200
North Sydney NSW 2059

Telephone: 13 65 25

(inside Australia)
+ 61 2 9121 6500
(outside Australia)

Email: insurance_mlc@mlc.com.au

Website: mlcinsurance.com.au

Section 22 Declarations and Authorisations

The section immediately below must be signed by the Life to be Insured.

The Life to be Insured and the Policy Owner/s, make the following declarations and authorisations in respect of this application:

1. The information provided in this application is true and complete.
2. I have read and understood the Insurance Product Disclosure Statement which I received in Australia.
3. I have read and understood the duty of disclosure on page one of this application and I understand that this duty continues until such time as MLC Limited accepts the application and issues a policy.
4. If existing insurance is to be replaced, I will cancel the existing insurance. If I do not, I understand that any benefit payable on the occurrence of an event under any policy issued from this application will be reduced by any benefit paid or payable for the same event under the existing insurance.
5. No insurance will be effective until MLC Limited accepts this application and issues a policy (or, in the case of an addition to an existing policy, a revised schedule), except for Interim Accident Insurance that will apply subject to specific terms and conditions.
6. If income protection insurance has been applied for I declare that the Earnings stated in this application are:
 - my Earnings before tax, after the deduction of business expenses, over the last 12 months, and
 - from my primary occupation only and do not include income from a second occupation.
7. If business expenses protection has been applied for I declare that the Business Expenses monthly benefit requested does not exceed my monthly share of Covered Expenses (please refer to the Insurance PDS for a list of expenses included and not included as Covered Expenses). I understand that Covered Expenses only include the reasonable and regular operating expenses of the business I own and manage, and can also include the net cost of a Locum.
8. I consent to MLC Limited disclosing or discussing with my financial adviser any matter relevant to the assessment of my application for insurance including financial, medical and other matters, whether disclosed in this application, obtained from third parties (eg Doctors, accountants) or otherwise discovered as part of the assessment process.
9. I consent to notices relating to my application to be sent to the email address or the mobile number provided by me and I acknowledge that my personal and sensitive information may be sent to that email address.
10. I authorise MLC Limited to collect such further medical information from any health practitioner, centre or service as is reasonably required for the purpose of assessing my application for insurance.
11. I authorise MLC Limited to forward any information obtained by it to any health practitioner or service, reinsurer, advisor, service provider or third party as is reasonably required for the purpose of assessing the application, administration of the insurance policy, assessment of a claim made under the policy and as otherwise may be required to comply with legal obligations.

If your application is a transfer application: (additional declarations)

12. I have also read and understood the Disclosure – MLC Transfer Applications section on page 1 of the Application form. I consent to MLC Limited relying on information in my application for my existing MLC policy and, if applicable, my application for the most recent increase or addition to my existing MLC policy in its assessment of the transfer application.
13. I am not receiving or eligible to receive any insurance payments under my current insurance policy or any other insurance. I have not sustained injury or illness that I may claim for under my current insurance policy. The transfer cannot occur if an injury or illness has occurred (or occurs prior to issue of the new policy) which entitles me to make a claim for benefits under my current policy.
14. Any loadings or exclusions that apply to the MLC insurance policy that is being replaced will also apply to the new policy issued from this application.
15. Where I am replacing existing eligible MLC insurance, I authorise MLC Limited to cancel the insurance that I am replacing. Upon issue of the new policy, my current MLC insurance policy is cancelled. Cover under the new policy will commence on the date the new policy is issued.
16. Any special conditions or exclusions that will apply to my insurance covers under my current policy will also apply to the equivalent insurance covers under the new policy.
17. If I am transferring cover between MLC Personal Protection Portfolio and MLC Life Cover Super, I am aware there may be differences between benefits under my current policy and the new policy.
18. The life insured under the new policy will be the same life insured under the current policy.
19. If I am transferring cover between MLC Personal Protection Portfolio and MLC Life Cover Super, the qualifying period will be waived under the new policy for that cover if the qualifying period under my current policy had already expired.
20. Interim Accident Insurance does not apply.

Signature of Life to be Insured

	Date (DD/MM/YYYY) <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>										

If the Policy Owner is different to the Life to be Insured, and/or you are applying for MLC Life Cover Super, please also complete the relevant declarations on the next page.

Section 22 Declarations and Authorisations continued

MLC Personal Protection Portfolio only: Signature(s) of Policy Owner(s) if different from the Life to be Insured

- If the trustee(s) of a self-managed super fund are individuals then all individuals are required to sign.
- If the Life to be Insured is under 16 years of age then a Parent or Guardian is required to sign.
- In the case where the Policy Owner or trustee is a Company:
 - (a) two directors or a director and company secretary are to sign, or
 - (b) in the case of a sole director proprietary company only, the sole director is to sign. The director must indicate that he/she is the sole director and sole secretary of the company by ticking the sole director and sole secretary box.


Policy 1 Signature(s) of Policy Owner(s)

	Date (DD/MM/YYYY)
---	----------------------------

	Date (DD/MM/YYYY)
---	----------------------------

Sole director and sole secretary (indicate by ticking box)

Policy 2 Signature(s) of Policy Owner(s)

	Date (DD/MM/YYYY)
---	----------------------------

	Date (DD/MM/YYYY)
---	----------------------------

Sole director and sole secretary (indicate by ticking box)

Policy 3 Signature(s) of Policy Owner(s)

	Date (DD/MM/YYYY)
---	----------------------------

	Date (DD/MM/YYYY)
---	----------------------------

Sole director and sole secretary (indicate by ticking box)

Declaration – MLC Life Cover Super Only

In addition to the previous declaration, please complete this declaration if you are also applying for MLC Life Cover Super.

- I have read and understood the Super Product Disclosure Statement which I received in Australia.
- I apply to become a Member of the MLC Super Fund and agree to be bound by the provisions of the Trust Deed constituting the MLC Super Fund and the MLC Life Cover Super policy issued by MLC Limited to the Trustee, as amended from time to time.
- I understand that my Tax File Number will only be used for superannuation and future approved purposes.

I acknowledge that a MLC Life Cover Super policy held through the MLC Super Fund policy does not represent a deposit with or a liability of National Australia Bank Limited (ABN 12 004 044 937) (AFSL 230686) or any of its related bodies corporate (other than a liability of MLC Limited as insurer). Neither National Australia Bank Limited, nor any of its related bodies corporate (other than MLC Limited as insurer) guarantees or accepts liability in respect of MLC Life Cover Super.

Note: The law requires that:

On 1 April 2020: insurance cover must be cancelled if:

- your account balance in this product/fund is less than \$6,000; and
- you have never had an account balance of at least \$6,000 on or after 1 November 2019;
unless you elect in writing that you want to keep your insurance cover, even if your super account balance is less than \$6,000.

From 1 April 2020: if your account balance is under \$6,000 and/or you're under 25 years old you need to elect in writing to have insurance cover.

Completing this form will be considered your written election.

- I elect to be provided with the insurance specified in this application, and for the insured benefit to be provided, even if my account balance in this product/fund is less than \$6,000 and/or I'm under 25 years old.

Signature of Life to be Insured

	Date (DD/MM/YYYY)
---	----------------------------

Section 22 Declarations and Authorisations continued

Marketing consent

We always seek to better understand and serve your financial, e-commerce and lifestyle needs so we can offer you other products and services that aim to meet those needs as well as promotions and other opportunities.

By giving your consent you agree to receiving information about the products and services as described in the NAB Group Privacy Policy (nab.com.au/privacy) and the MLC Limited Privacy Policy (mlcinsurance.com.au/privacy-policy), including by telephone call to the numbers provided by you in this application or numbers you may provide later and by email if you have provided us with an email address.

We will not disclose health information for marketing purposes.

Do we have your consent?

Yes No

If you do not mark a box your consent will be presumed.

Your consent will continue until you withdraw it. You can withdraw your consent at any time by contacting us on **13 65 25**.

Section 23 Payments by Direct Debit

Direct Debit Request Service Agreement

This Direct Debit Request Service Agreement is issued by MLC Limited, ABN 90 000 000 402 (User ID no. 460592).

This Service Agreement and the Direct Debit Request Schedule in your application contain the terms and conditions by which you authorise MLC Limited to draw (debit) money from your account and the obligations of us and you under this Agreement. You should read through them carefully to ensure you understand these terms and conditions before signing the Schedule. Please direct all enquiries about your direct debit to us on **13 65 25**.

Our commitment to you

We will give you at least 14 days notice in writing if there are changes to the terms of the drawing arrangements.

We will keep the details of your nominated Financial Institution account confidential, except where provided to our bank or as required to conduct direct debits with your Financial Institution.

Where the due date is not a business day, we will draw from your nominated Financial Institution account on the business day before or after the due date in accordance with the terms and conditions of your MLC policy.

We will not charge you for any dishonours, however:

- if your account dishonours, your Financial Institution may charge you a fee
- We reserve the right to cancel drawing arrangements if drawings are dishonoured by your Financial Institution.

Your commitment to us

It is your responsibility to:

- ensure your nominated account(s) shown in the Direct Debit Schedule are correct and that your nominated financial institution account can accept direct debits through the Bulk Electronic Clearing System (BECS)
- ensure there are sufficient funds available in the nominated account to meet each drawing on the due date
- advise us if the nominated account is transferred or closed, or the account details change
- arrange an alternate payment method acceptable to us if we cancel the drawing arrangements, and
- ensure that all account holders on the nominated Financial Institution account sign the Direct Debit Request Schedule.

Your rights

Your drawing arrangements are detailed in the Direct Debit Request Schedule of your application. They are also governed by the terms and conditions of your MLC policy. You should contact us on **13 65 25**, providing at least 7 days notice, if you wish to alter the drawing arrangements. You can:

- alter the Schedule
- cancel the Schedule
- stop an individual drawing
- defer a drawing, or
- suspend future drawings.

This section for Financial Adviser use only

This section must be completed

Email (contact for this application)

Financial Adviser's instructions

(Complete details relevant to this application)

Financial Adviser 1

This section is to be completed by the Servicing Adviser.
The Servicing Adviser will receive all correspondence for the policy.

Name of Financial Adviser

MLC Financial Adviser no. Mobile phone

Telephone number

Fax number

Email

Distribution fee split

 %

Financial Adviser 2

Name of Financial Adviser

MLC Financial Adviser no. Mobile phone

Telephone number

Fax number

Email

Distribution fee split

 %

NAB Financial Planning use only:

FI/FN number

Referring BUID number

Referring Banker's name

Please make sure you include the NAB Customer number for your clients in Section 2 Life to be Insured and Section 3 Policy Owner details, to avoid delays in the issue of your customer's policy.

Remuneration payment type:

Select payment type: Upfront Hybrid Level

Please note: Class C Income Protection is paid on a level basis

This section for Financial Adviser use only
This section must be completed

Special Instructions and Underwriting Reference Number

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NULIS Nominees (Australia) Limited

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PO Box 200
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Telephone: 132 652

(inside Australia)
+ 61 3 8634 4721
(outside Australia)

Email: contactmlc@mlc.com.au

Website: mlc.com.au

MLC Limited Postal address:

PO Box 200
North Sydney NSW 2059

Telephone: 13 26 52

(inside Australia)
+ 61 2 9121 6500
(outside Australia)

Email: insurance_mlc@mlc.com.au

Website: mlcinsurance.com.au



Supplementary Underwriting Questionnaires

Application number

Name of Life to be Insured

Please tick the relevant Underwriting Questionnaires that have been requested to be completed as part of your application.

- Pastimes Questionnaire
- Mental Health Questionnaire
- High Blood Pressure Questionnaire
- High Cholesterol Questionnaire
- Asthma Questionnaire
- Skin Lesion Questionnaire
- Back Questionnaire
- Joint/Musculoskeletal Questionnaire

Please return the full booklet to:

MLC Life Insurance
PO Box 200
North Sydney NSW 2059

insurance_mlc@mlc.com.au

If you have any questions, please contact your financial adviser or call us on **13 65 25** any business day between 8.30 am and 6.00 pm (Melbourne/Sydney time) Monday to Friday.

MLC Limited ABN 90 000 000 402 AFSL 230694 (the Insurer) uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance group and not a part of the NAB group of companies. Any references to 'we', 'us' and 'our' means MLC Limited.



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Pastimes Questionnaire

Diving

1 Do you hold a diving qualification?

Yes Type of qualification and time held

No

2 Are you an Amateur or Professional Diver?

Amateur

Professional State nature of work:

3 What type of diving do you do?

Scuba

Snorkel

Hookah

Other—Please provide details

4 Please advise the following:

Average number of
dives per year

Average depth of dives

Maximum depth and
number of times attained

Average duration
of dives

Maximum duration
of dives

5 Do you ever dive alone?

Yes

No

6 Do you dive in caves, potholes or wrecks?

Yes Please provide details

No

7 Do you use mixed gases or a rebreather to dive?

Yes Please provide details

No

8 Have you ever had an accident whilst diving or suffered an injury?

Yes Please provide details

No



Pastimes Questionnaire continued

Motor Racing

1 What types, classes, and engine capacity of vehicles do you race or intend to race?

2 What types of racing do you participate in? (eg: stock car, circuit racing, road racing etc, and number of events each year)

3 Do you compete as: Amateur Professional Competitive

4 What maximum speed is reached? km

5 How many times do you race per year?

Aviation

1 Do you hold an aviation licence?

Yes Type of licence and period of time held

No

2 Do you intend to change the scope of your licence, or engage in any other form of aviation other than as shown below?

Yes Please provide details

No

3 Please complete number of flying hours in the following table:

	Last year		Future average	
	Crew	Passenger	Crew	Passenger
Commercial Airline				
Charter				
Private				
Aero Club/Flying School				
Agriculture				
Ultralight				
Helicopter				



Mental Health Questionnaire

1 Please indicate the conditions you have had or received treatment or counselling for.

- | | |
|---|---|
| <input type="checkbox"/> Stress, sleeplessness, chronic tiredness | <input type="checkbox"/> Post traumatic stress disorder (PTSD) |
| <input type="checkbox"/> Anxiety including generalised anxiety, reactive or grief anxiety, panic or phobic disorder | <input type="checkbox"/> Attention Deficit and/or Hyperactivity Disorder (ADD / ADHD) |
| <input type="checkbox"/> Eating disorder including anorexia nervosa, bulimia | <input type="checkbox"/> Schizophrenia or any other psychotic disorder |
| <input type="checkbox"/> Depression including major depression, dysthymia | <input type="checkbox"/> Other—please provide details in the box below. |
| <input type="checkbox"/> Manic depressive illness, bipolar disorder | <input type="checkbox"/> |
| <input type="checkbox"/> Alcohol or other substance abuse or addiction | <input type="checkbox"/> |

2 Please describe your symptoms, the date they started, how long they lasted and time off work.

Symptoms	Date from — Date to	Time off work

3 Please describe how this condition has affected you, including any limitations to your ability to work and in your activities of daily living.

4 Has any reason for your condition been identified?

Yes Please provide details

No

5 Have you had any recurrence of this condition or suffered from or had symptoms of a similar condition?

Yes Please provide details

No

6 Do you continue to experience symptoms?

Yes Please describe your symptoms

No When did you **last** experience symptoms? (DD/MM/YYYY)

7 Have you ever received any counselling or treatment for this condition? (eg medication, cognitive behaviour therapy)

Type of treatment	Date commenced (DD/MM/YYYY)	Date ceased (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

8 Have you ever been hospitalised or needed treatment as an inpatient?

Yes Please provide details

No

9 Have you ever tried to take your own life?

Yes Please provide details

No

10 Please provide the name and address of health professionals, including counsellors consulted and the date first and last consulted.

Name	Address	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



High Blood Pressure Questionnaire

1 When were you first told you had high blood pressure and what was your blood pressure level at that time?

Date (DD/MM/YYYY)

Reading

2 What was your last blood pressure reading and when was it taken?

Date (DD/MM/YYYY)

Reading

3 Is this reading consistent with other checks?

Yes No What is your typical reading?

4 How often are you required to attend your doctor for review/check-up?

 Monthly
 Quarterly
 Twice Yearly
 Annually

5 Have you undergone or been referred for any other investigations, eg ECG (resting or exercise), echocardiogram, 24 hour Holter monitoring, urinalysis?

Yes Please provide dates, tests done and results

Date (DD/MM/YYYY)

Test

Results

No

6 Are you currently taking medication for your blood pressure?

Yes Please provide medication and dosage No Please go to question 8

7 Has your treatment (type or dosage) changed within the last 12 months?

Yes Please provide details and then go to question 9

When was it changed?

What was changed?

Why was it changed?

No Please go to question 9

8 Have you ever been prescribed medication for blood pressure?

Yes When and why did you cease taking it? No How has the condition been managed?

9 Please provide the name and address of doctor, hospital or health professional consulted for your blood pressure and date last attended

Name

Address

Date (DD/MM/YYYY)



High Cholesterol Questionnaire

1 When were you first told you had raised cholesterol and what was your cholesterol level at that time?

Date (DD/MM/YYYY)

Reading

2 What was your last cholesterol reading and when was it taken?

Date (DD/MM/YYYY)

Reading

3 Is this reading consistent with other checks?

Yes No

What is your typical reading?

4 How often are you required to attend your doctor for review/check-up?

 Monthly Quarterly Twice Yearly Annually

5 Have you undergone or been referred for any other investigations, eg ECG (resting or exercise)?

Yes Please provide dates, tests done and results

Date (DD/MM/YYYY)

Test

Results

No

6 Are you currently taking medication for your cholesterol?

Yes Please provide medication and dosage
No Please go to question 8

7 Has your treatment (type or dosage) changed within the last 12 months?

Yes Please provide details and then go to question 9

When was it changed?

What was changed?

Why was it changed?

No Please go to question 9

8 Have you ever been prescribed medication for cholesterol?

Yes When and why did you cease taking it?
No How has the condition been managed?

9 Please provide the name and address of doctor, hospital or health professional consulted for your cholesterol and date last attended

Name

Address

Date (DD/MM/YYYY)



Asthma Questionnaire

1 When did you experience your first episode/symptoms of asthma? (DD/MM/YYYY)

2 How many episodes of asthma do you have per year?

3 What was the date of your most recent episode/symptoms of asthma? (DD/MM/YYYY)

4 Are you taking medication or have you used any medication (including steroids) within the last 12 months?

Yes Please provide the name of medications and date ceased (if applicable)

No

5 Have you ever been hospitalised for this condition or needed to attend a hospital or doctor for urgent medical treatment?

Yes Please provide the name of hospitals, doctors and dates

Name	Address of hospital/doctors surgery	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

No

6 Have you lost any days from work as a result of asthma in the last 12 months?

Yes Please advise the number of days:

No

7 Is your asthma related to or aggravated by your occupation?

Yes Please provide details

No

8 Please provide the name and address of any doctors, hospitals or other health professionals consulted for your asthma and the date last consulted.

Name	Address	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



Skin Lesion Questionnaire

1 Site of lesion(s)

2 Type of lesion(s)

- Melanoma
 Squamous cell carcinoma (SCC)
 Basal cell carcinoma (BCC)
 Solar keratosis
 Lipoma
 Cyst
 Mole/Naevus
 Other – please provide details

3 Number of lesion(s)

4 Date(s) of diagnosis (DD/MM/YYYY)

5 Were the lesion(s) removed?

- Yes Please go to question 7
 No Please provide details below

6 Have you been advised to attend for any further treatment or follow-up?

- Yes Please go to question 11
 No Please go to question 11

7 Date lesion(s) removed (DD/MM/YYYY)

8 How were the lesion(s) removed?

- Diathermy (burnt off)
 Cryotherapy (frozen off)
 Cut off (surgically removed)
 Other—please provide details

9 Were the lesion(s) reported to be: Malignant Benign Unknown

Please forward copies of any histology reports you have

10 Since the original removal have you been required to undergo re-excision or has the lesion(s) recurred or regrown?

- Yes Please provide details
 No

11 Please provide the name and address of any doctors, hospitals or other health professionals consulted for your skin lesions and the date last consulted.

Name	Address	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



Back Questionnaire

1 What is/was the cause of your back/neck disorder?

2 What area of the back is/was affected?
 Neck (Cervical) Upper/Middle back (Thoracic) Lower Back (Lumbar)

3 What is/was the exact nature of the back/neck disorder including symptoms?

4 When did you first experience back/neck symptoms? (DD/MM/YYYY)

5 What was the date of your last symptoms? (DD/MM/YYYY)

6 Were or are your symptoms due to a single episode or recurring episode?

7 How often do you experience symptoms?

8 Have you made a complete recovery?
 Yes How long have you been free of all symptoms? Please go to question 10
 No

9 What are your current symptoms?

10 Have you had an x-ray, scan or other test?
 Yes Please provide details
 No

11 What treatment have you had?
 Medication Physiotherapy Surgery Chiropractor
 Other—Please provide details

12 Does this condition cause any restriction in your daily activities?
 Yes Please provide details
 No

13 Have you taken time off work?
 Yes Please advise when and how long were you off work?
 No

14 Please provide the name and address of any doctors, physiotherapists, chiropractors or other health professionals consulted and the date last consulted.

Name	Address	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



Joint/Musculoskeletal Questionnaire

1 Which joint(s) or area(s) of the body is/are affected?

Left Right

2 What is/was the exact nature of the disorder including symptoms?

3 What is/was the cause of the condition?

4 When did you first experience symptoms? (DD/MM/YYYY)

5 What was the date of your last symptoms? (DD/MM/YYYY)

6 Were or are your symptoms due to a **single episode or** **recurring episode?**

7 How often do you experience symptoms?

8 Have you had an x-ray, scan or other test?

Yes Please provide details

No

9 Have you made a complete recovery?

Yes How long have you been free of all symptoms? Please go to question 11

No

10 What are your current symptoms?

11 What treatment have you had?

Medication Surgery Physiotherapy

Other – please provide details

12 Does this condition cause any restriction in your daily activities?

Yes Please provide details

No

13 Have you taken time off work?

Yes Please advise when and how long you were off work?

No

14 Please provide the name and address of any doctors, hospitals or other health professionals consulted and the date last consulted.

Name	Address	Date (DD/MM/YYYY)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>



Best Doctors

A valuable second medical opinion service for you and your family



Should you face a mental or physical health condition, there are so many questions and uncertainties – such as is my diagnosis correct or am I on the right treatment plan?

Through MLC Life Insurance¹, you and your family have access to Best Doctors, which connects you with a network of more than 50,000 leading medical specialists from Australia and around the world for a second medical opinion when you need it most.

If you or a family member² is dealing with a mental or physical health condition (minor or major), you can use Best Doctors at no extra cost to help get answers.

Best Doctors key features

- **Available to you and your family²** (your children, parents, partner and partner's parents).
- **Convenient virtual access** to leading specialists for a second medical opinion.
- **Leaders in their medical field** nominated by other doctors.
- **Expertise and knowledge** of an independent specialist helps you and your treating doctors agree on the best way forward.
- **Support for mental health conditions** with access to leading Australian clinical psychologists and psychiatrists, and a dedicated mental health nurse.
- **You don't have to be seriously ill** you can use the service for minor conditions like a bad back, allergies or a mild mental health condition.
- **Help with a wide range of conditions³** from minor to major with specialists in more than 450 areas of medicine.

 <p>No extra cost</p>	 <p>Completely confidential and won't affect the assessment of a claim</p>
 <p>Don't need to be on a claim to use the service</p>	 <p>More value from your insurance</p>

Find out more at mlcinsurance.com.au/bestdoctors

¹ Access to Best Doctors is available to all customers of MLC Life Insurance who are insured under a policy or hold an investment policy. This includes insurances held through group policies with an employer or super fund.

² Best Doctors is available to MLC Life Insurance customers as well as their immediate families including children, parents, partner and partner's parents. For mental health, it is only available if you are 18 years of age and over.

³ Best Doctors services are not available for acute care (emergency room) cases or dental conditions.

Best Doctors

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LIFE INSURANCE



Why Best Doctors?

Best Doctors specialists are leaders in their field

50,000+ **450** specialities

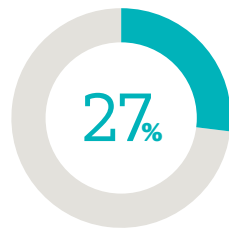
More than 50,000 medical specialists.

Medical leaders in 450 specialities of medicine.

Helping you get the right diagnosis and treatment



of cases considered by Best Doctors come back with a change of diagnosis.⁴



of cases come back with a change in treatment plan.⁴

And giving you the confidence to move forward

98%

Members using Best Doctors say it is an important part of their insurance.⁵



Best Doctors key services

There are a range of services available to you and your family.



In-depth medical review

Get a full review and second opinion on your diagnosis and treatment plan from a leading international specialist.



Mental Health Navigator

Get a full review and second opinion on your diagnosis and treatment plan for mental health conditions from leading Australian-based clinical psychologists and psychiatrists.



Doc Online

Get answers to general medical questions from a panel of registered doctors in Australia.



Find an expert

Find a local specialist for your condition.



Ask the expert

Get answers from a leading international specialist to specific questions about a medical condition.



Online library

Access a host of online tools providing unique insights and guidance on hundreds of conditions.

The Best Doctors service is **completely confidential**. Best Doctors won't share its findings with us and your use of the service won't affect the assessment of a claim. We will not seek any information from Best Doctors without your express permission.

⁴ Based on analysis of physical cases conducted by Best Doctors, 2019.

⁵ Best Doctors customer survey, 2019.

Best Doctors

A valuable second medical opinion service for you and your family

LIFE INSURANCE



Mental Health Navigator by Best Doctors

Mental Health Navigator is a service that empowers and supports you with a clinical review of your diagnosis and treatment plan.

It sources a specialist from a network of leading Australian-based clinical psychologists and psychiatrists, all from the comfort of your own home.

The Mental Health Navigator service offers a discreet, quick and confidential way to seek help if you or a family² member is experiencing a mental health condition such as depression or anxiety.

To find out more about Mental Health Navigator, visit mlcinsurance.com.au/mentalhealthnavigator

Access Best Doctors

To use the service, including Mental Health Navigator, call the Best Doctors Hotline on **1800 186 088 – 9am to 5pm AEST, Monday to Friday.**

Mental Health Navigator: how it works



It starts with one call: accessing Mental Health Navigator starts with a simple phone call, during which you speak to a member of the Best Doctors team in Australia. You will then be connected with the dedicated Mental Health Nurse.



An initial assessment of needs: Best Doctors will work with you to establish how they can best help based on your situation. They can help you find a local specialist, access useful resources or assist in answering questions on your condition. They can also coordinate a review of your diagnosis and treatment plan via video conference with a leading Australian clinical psychologist and psychiatrist, if required. With your consent, Best Doctors will gather any relevant medical records for review.



Recommendations for diagnosis and treatment: after the in-depth assessment, you will be provided with a report detailing the review of your diagnosis and assisting you with a treatment plan to help manage your condition.



Supporting next steps: the Mental Health Nurse will call you to discuss the report findings and, with your consent, the report will be shared with your treating doctor who can coordinate a treatment plan. The Mental Health Nurse is available for up to six months to provide further navigational support if needed.

² Best Doctors is available to MLC Life Insurance customers as well as their immediate families including children, parents, partner and partner's parents. For mental health, it is only available if you are 18 years of age and over.

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